

# **Health and Social Care Alliance Scotland**

## **Briefing paper: Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 1, May 2014**

### **1. Introduction**

On 1 April 2014 the Public Bodies (Joint Working) (Scotland) Act 2014 (referred to in this briefing as “The Act”) received Royal Assent. The stated purpose for the Act is to provide a framework to support improvements in the quality and consistency of health and social care services through the integration of health and social care.

The Act provided for Scottish Ministers to put in place a series of regulations and orders. Over the course of Spring/Summer 2014 the Scottish Government will draft and consult on detailed legislation (often called “secondary legislation”) that will underpin the Bill, and the broader guidance that will support integration’s progress.

This briefing has been prepared to reflect Set 1 of the regulations. The ALLIANCE will be working in partnership with members over the coming weeks and months to develop our position on the regulations.

### **2. Key Points**

- This first set of regulations relates to:
  - Prescribed information to be included in the Integration Scheme
  - Prescribed functions that must be delegated by Local Authorities
  - Prescribed functions that must be delegated by Health Boards
  - Prescribed National Health and Wellbeing Outcomes underpinning the process of integration
  - Interpretation of what is meant by the terms health and social care professionals
  - Prescribed functions conferred on a Local Authority officer

- A second set of regulations will be published on **Tuesday 27 May 2014** and will contain information relating to:
  - Establishment, membership and proceedings of the joint monitoring committee in lead agency arrangements
  - Membership, powers and proceedings of integration joint boards in body corporate arrangements
  - Prescribed groups who must be consulted when drafting integration schemes,
  - Prescribed consultees for draft strategic plans
  - Prescribed consultees for locality plans
  - Prescribed consultees for revised integration schemes
  - Prescribed membership of strategic planning groups
  - Prescribed form and content of performance reports

### **3. Regulations – Overview**

#### **1. Prescribed information to be included in the Integration Scheme**

The Integration Scheme is a document prepared in respect of each Local Authority area, by the Local Authority and Health Board. Each scheme will set out models of integration that have been agreed between the Local Authority and Health Board.

Each Integration Scheme contains key agreements that have been made between the relevant public bodies to make integration a success – and describes the necessary processes and procedures that will be put in place to make this happen.

The draft regulations provide that every integration scheme must include a collection of “prescribed information” to be agreed between the Health Board and the local authority. The integrated body/lead agency must then act in accordance with the prescribed information.

The Act finalised a number of things that must be included in each Integration Scheme. The new consultation on regulation proposes pieces of information to be included in Integration Scheme in addition to those prescribed by the Act.

Proposed prescribed information is set out as follows:

**Table 1 – Integration Schemes: Prescribed matters and prescribed information**

Selected related prescribed matters in the Act	Related “prescribed information” that must be in the integration scheme
<p>Local governance arrangements for the <b>integration joint board</b></p>	<p>Where the public bodies are in the <b>same local authority and Health Board area</b>, schemes must include:</p> <ul style="list-style-type: none"> <li>• Membership arrangements of the joint board</li> <li>• Arrangements related to the Chairperson of the joint board.</li> </ul> <p>Where more than one local authority is in one Health Board area, the local authorities and the Health Board must jointly prepare an integration scheme including:</p> <ul style="list-style-type: none"> <li>• Information on Membership of the joint board</li> <li>• Arrangements for representation on joint boards, including <b>representatives of staff, carers, service users and the third sector</b></li> <li>• Arrangements related to the Chairperson and Vice-Chairperson of the joint board.</li> </ul>
<p>Local governance arrangements for the <b>integration joint monitoring committee</b></p>	<p>Where the public bodies are in the <b>same local authority and Health Board area</b>, schemes must include:</p> <ul style="list-style-type: none"> <li>• Membership of the joint monitoring committee and information about “additional” joint monitoring committee members beyond the Act’s requirements</li> <li>• Administrative and financing information.</li> </ul> <p>Where <b>more than one local authority is in one Health Board area</b>, the local authorities and the Health Board must jointly prepare an integration scheme including:</p> <ul style="list-style-type: none"> <li>• Membership of the joint monitoring committee, including <b>representatives of staff, carers, service users and the third sector</b></li> <li>• Arrangements related to the Chair of the Committee and administrative/finance information.</li> </ul>
<p>Performance targets, improvement measures and reporting arrangements</p>	<p>Each scheme must outline the process to be used to prepare a list of all targets, measures and arrangements related to integrated or delegated functions.</p>

Selected related prescribed matters in the Act	Related “prescribed information” that must be in the integration scheme
The operational role of the chief officer	Each scheme must include information on the structure and procedures used to enable the chief officer to work with senior managers to carry out the strategic plan.
Plans for workforce development	Each scheme must include a list of the plans that the Health Board and local authority will develop and put in place to support staff, including a plan related to development and support and organisational development.
Participation and engagement	Each scheme must include <b>the list of people consulted in the development of the integration scheme</b> , the means by which consultation as has been undertaken and the process for development of a strategy for engagement with members of the public, representative groups or other organisations.
Information sharing and data handling	An information sharing “accord” must be included in each scheme, that will be adhered to and outlining the process that will apply to the sharing of information.
Complaints	The integration scheme must <b>spell out the arrangement for management of complaints</b> , to include information on the process by which a service user may make a complaint.
Dispute resolution	Integration schemes must include the procedure that will be used to resolve any dispute between the local authority and Health Board.

The above is a selection of the most relevant prescribed matters and information to ALLIANCE. Other matters detailed in the draft regulations include a series of financial management arrangements, staff transfer and risk management. For full details of the prescribed matters see pages 15-23 of the full consultation paper at: <http://www.scotland.gov.uk/Publications/2014/05/5284>.

**Question: Do you agree with the prescribed matters and prescribed information to be included in the integration scheme? Are there any additional matters that should be included?**

## 2. Prescribed functions that must be delegated by Local Authorities

The Act provides for Scottish Ministers to prescribe in regulations the functions of a local authority which must be delegated to the integration authority. The range of functions that can be delegated broadly relate to social care. The draft regulations detail a series of legislation that currently prescribe functions on local authorities related to social care services. These will now become the concern of the integration authority.

The draft regulations include the following functions which must now be delegated to the integration authority:

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- Housing support services, aids and adaptations;
- Day services;
- Local area co-ordination;
- Respite provision ;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

**Question: Do you agree with the list of functions that must be delegated? Are there any functions of social care missing from this list that you feel should be included?**

## 3. Prescribed functions that must be delegated by Health Services

The Act provides for Scottish Ministers to prescribe NHS services that must be included in the scope of integrated strategic planning. In each case, integration must include all adult provision (inclusion of children's services are to be left to the discretion of local partners).

Health services that must be included within integration are as follows:

- Unplanned inpatients
- Outpatients – Accident & Emergency
- Care of Older People (previously known as geriatric medicine)
- District Nursing
- Health Visiting
- Clinical Psychology
- Community Mental Health Teams
- Community Learning Difficulties Team
- Addiction Services
- Women's Health Services (includes family planning services)
- Allied Health Profession Services
- GP Out-of-Hours
- Public Health Dental Service (previously known as community dental services)
- Continence Services
- Home Dialysis
- Health Promotion
- General Medical Services (GMS)
- Pharmaceutical services - GP prescribing

**Question: Do you agree with the list of functions that must be delegated? Are there any functions of healthcare missing from this list that you feel should be included?**

#### **4. Prescribed National Health and Wellbeing Outcomes**

The draft regulations set out nine national health and wellbeing outcomes that will underpin the process of integration. These have been developed by a group of key stakeholders – including the third sector, carers and organisations representing people who use support and services – who have been working with the Scottish Government to design an approach to tracking the future progress of integration authorities.

The outcomes provide a consistent framework against which each integration authority will have to plan, report and account for its activities. This will enable the Health Board, local authority, Scottish Ministers and the public to assess progress made to improve outcomes locally.

The draft regulations outline the following national health and wellbeing outcomes:

**Table 2 – Draft Regulations: National Health and Wellbeing Outcomes**

<b>Outcome</b>	<b>Scottish Government’s stated aim</b>
<b>Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.</b>	The Scottish Government’s stated aim is “to promote action that supports people to have the information, means, motivation and opportunity to live healthily for as long as possible”. Integration could improve the supply of appropriate information and identification of individual/family/community assets to make those changes happen.
<b>Outcome 2: People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</b>	<p>Integration should provide for more people to be supported at home or in a homely setting. This aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to mitigate against inappropriate admission to hospital or long term care settings.</p> <p>It also aims to recognise that independent living is key to improving health and wellbeing, and the commitment to support the reshaping of services to better care for and support the increasing number of people with complex needs in Scotland.</p>
<b>Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.</b>	Health and social care services must take full account of the needs and aspirations of the people who use services. Person centred planning and delivery of services will ensure that people receive the right service at the right time, in the right place, and services are planned for and delivered for the benefit of people who use the service. For people who use care and support services, their experience of those services should be positive, and should be delivered for the person rather than to the person.
<b>Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.</b>	Variation and inconsistency exists in the quality of care and support for people across Scotland. This outcome aims to support the delivery of quality services no matter where they are provided and provides for an on-going focus on continuous improvement in relation to health and social care services
<b>Outcome 5. Health and social care services contribute to reducing health inequalities.</b>	This outcome reflects the contributory role that health and social care services have in addressing Scotland’s significant, and hard to shift, health inequalities.

Outcome	Background
<p><b>Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.</b></p>	<p>This outcome reflects the importance of ensuring that health and social care services are planned and delivered with a strong focus on the wellbeing of unpaid carers.</p>
<p><b>Outcome 7. People who use health and social care services are safe from harm.</b></p>	<p>In carrying out their responsibilities under this Act, Health Boards, Local Authorities and Integration Authorities must ensure that the planning and provision of health and social care services protects people from harm.</p>
<p><b>Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.</b></p>	<p>This outcome aims to assess whether people who work in health and social care services are supported to carry out their vitally important role to a high standard, and if they feel engaged with the work they do and people who use support and services.</p>
<p><b>Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.</b></p>	<p>Preventative and anticipatory care can play a particularly important role in achieving better outcomes, helping to avoid or delay admissions and enabling people to stay in their own homes and communities for as long as possible. Health and social care services must be planned for, and delivered, in ways that make best use of available resource while at the same time optimising outcomes for people who use support and services. These considerations must be taken account of by Integration Authorities in fulfilling their legal duty to achieve best value.</p>

**Question: Do you agree with the prescribed National Health and Wellbeing Outcomes? What information and indicators should we use to decide if they have been achieved?**



## 5. Interpretation of the terms health and social care professionals

The Act contains the phrase “health professionals” and “social care professionals”. The draft regulations define people, or groups, (and their professional bodies) covered by these terms as below:

### Health professionals

- Chiropractors
- Dentists, dental nurses, dental technicians clinical dental technicians, dental hygienists, dental therapists
- Doctors
- Optometrists, dispensing opticians, student opticians and optical businesses
- Osteopaths
- Arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists /orthotists, radiographers, and speech and language therapists
- Pharmacists and pharmacy technicians
- Nurses and midwives.

### Social Care professionals

- Social workers,
- Social work students,
- Care Inspectorate Authorised Officers
- Managers, workers with supervisory responsibilities and residential child care workers in residential childcare services
- Managers in adult day care services
- Managers, workers with supervisory responsibilities, practitioners and support workers responsible for care homes services for adults
- Managers, practitioners and support workers responsible for day care of children services
- Managers, supervisors and house staff within school hostels, residential special schools and independent boarding schools
- Managers supervisors and workers responsible for housing support services
- Managers supervisors and workers responsible for care at home services
- Other Social Care Professionals who are not regulated by the Scottish Social Services Council but who provide care or support to users of social care services.

**Question: Do you agree with the prescribed lists of “health professionals” and “social care professionals”? Are any professionals missing from this list?**

## **6. Prescribed functions conferred on a local authority officer**

The draft regulations prescribe certain functions of officers of local authorities to the integration authority. The effect of these regulations is that a person who is an officer of a Health Board (or any other local authority) with which the local authority has made joint working arrangements may complete these functions.

A person who is not an officer of a local authority may only exercise the prescribed functions for the area of that local authority if they meet the criteria set out in the section of the Adult Support and Protection (Scotland) Act relevant to the function in question.

## **7. Further information**

Set 1 of the draft regulations is available from the Scottish Government's website at the following address: <http://www.scotland.gov.uk/Publications/2014/05/5284>

**This briefing has been prepared to reflect Set 1 of the regulations. The ALLIANCE will be working in partnership with members over the coming weeks and months to develop our position on the regulations.**

If you would like to discuss how you can be involved in shaping the ALLIANCE's position or any of the topics raised within this briefing, please contact Andrew Strong, Policy and Information Manager, the ALLIANCE on 0141 404 0231 or email: [andrew.strong@alliance-scotland.org.uk](mailto:andrew.strong@alliance-scotland.org.uk).

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## **About the ALLIANCE**

The ALLIANCE is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has over 600 members including large, national support providers as well as small, local volunteer-led groups and people who are disabled, living with long term conditions or providing unpaid care. Many NHS Boards are associate members and many health and social care professionals are Professional Associates.

The ALLIANCE's 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.

[www.alliance-scotland.org.uk](http://www.alliance-scotland.org.uk)