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**PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**BRIEFING FOR MEMBERS**

**SUMMARY**

The integration of health and social care is part of the Scottish Government’s programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government’s top priorities.

The [Public Bodies (Joint Working) (Scotland) Act 2014](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf) provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

* Nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and Local Authorities will be held jointly accountable
* A requirement on NHS Boards and Local Authorities to integrate health and social care budgets
* A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services

Partnerships will be jointly accountable to Ministers, Local Authorities, NHS Board Chairs and the public for delivering the nationally agreed outcomes.

**KEY TRENDS[[1]](#footnote-1)**

Statistics show the increasing significance of health and social care services as the health and care needs of communities are changing:

* By 2023 the number of over 75s in Scotland – who are the highest users of health and social care services – will increase by over 25%
* Over the next 20 years by 2035, it is estimated that demand for health and social care will increase by between 20% and 30%
* Estimates suggest that the number of people with dementia is set to rise from 71,000 to 127,000 by 2035.

**OVERVIEW OF THE ACT**

The Act requires the local integration of **adult** health and social care services. Statutory partners (Health Boards and Local Authorities) can decide locally whether to include children’s health and social care services, criminal justice social work and housing support services in their integrated arrangements.

**Key features of the Act[[2]](#footnote-2):**

* **National outcomes** for health and wellbeing will apply equally to Health Boards, Local Authorities and Integration Authorities. Joint Boards’ performance will be measured according to how well they deliver against these outcomes (and other measures) for their local population (Refer to Appendix One).
* Health Boards and Local Authorities will be required to establish integrated partnership arrangements. Health Boards and Local Authorities can choose from two models of integration: (1) **The Lead Agency Model** where boards / authorities delegate functions and resources (money, people, other assets) to one or the other agency (i.e. as in Highland). Lead Agencies will be overseen by **Joint Monitoring Committees**. (2) Body Corporate Model creating **Integrated Joint Boards (IJBs)** involving delegation of functions and resources by Health Boards and Local Authorities to a new body made up of representatives from both organisations and others.
* **Membership** of Joint Boards/Committees must include the following: councillors, Health Board representatives, chief social work officer, chief officer and proper officer of the IJB, a registered medical practitioner in primary medical services, a registered nurse in general medical services and a registered health practitioner not providing primary medical services. Once the IJB is established it must also appoint at least one member from each of the following groups: a) a member of staff engaged in service provision under integration functions; b) a third sector body carrying out health and social care; c) service user living in the local authority and d) an unpaid carer in the local authority.
* RCSLT along with other members of AHPFS lobbied for Joint Boards / Committees to have direct **AHP representation**. There was support for this from a number of key MSPs. AHPFS continue to make slow progress with Scottish Ministers on making the case for AHPs as integration leaders who should be round the top table.
* **Integrated budget** will cover at least adult social care, adult community health care, and aspects of adult hospital care that are most amenable to service redesign in support of prevention and better outcomes.
* Each Lead Agency or Joint Board will establish **locality planning arrangements** at “sub-partnership” level, which will provide **a forum for local professional leadership of service planning.**
* Each Lead Agency or Joint Board will put in place a **strategic commissioning plan for functions and budgets under its control.** The joint strategic commissioning plan will be widely consulted upon with non-statutory partners, patient and service-user representatives, etc.
* Where the **Body Corporate** model is used, a **Chief Officer** must be appointed by the integrated partnership to provide a single point of management for the integrated budget and integrated service delivery. In the **Lead Agency model, this single point of management falls to the Chief Executive** of the Lead Agency (i.e., the partner to whom functions and resources are delegated).
* Details of the partnership arrangements are set out within **Integration Schemes**. Integration Schemes cover matters such as: – Engagement of stakeholders – Clinical and care governance arrangements – Workforce and organisational development – Data sharing – Financial management – Dispute resolution – Local arrangements for the Integration Joint Board – Local arrangements for operational delivery – Liability arrangements – Complaints handling. Once approved by Ministers, people can see their [Local Integration Scheme](http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/Joint-Boards) online. Alternatively they can ask their NHS Board or Local Authority for sight of them. They are meant to be published at the earliest opportunity by partners.
* Once established (after an Integration Scheme has been approved by the Minister), the Integration Joint Board will appoint a Chief Officer, appoint a Finance Officer and establish a **strategic planning group**.
* Integration in a local area “goes live” when the IJB and the strategic planning group are satisfied that the strategic plan and locality arrangements are fit for purpose, and the Health Board and Local Authority have been notified and the budgets should be delegated to the IJB. All partnerships will go live at some point between 1 April 2015 and 1 April 2016.
* The Chief Officer will have a direct line of accountability to the Chief Executives of the Health Board and the Local Authority for the operational delivery of integrated services. The Chief Officer is responsible for ensuring that service delivery improves the national outcomes, and any locally delegated responsibilities for health and wellbeing. This includes measuring, monitoring and reporting on the underpinning measures and indicators that will demonstrate progress.
* Once the resources for the integration functions are delegated to the Integration Joint Board, it will then make decisions on the use of the integrated finance. The Chief Officer carries out the decisions of the IJB.
* The Chief Officer and the responsible financial officer of the IJB will work with locality groups to devolve appropriate responsibility and accountability for spend. Joint Boards / Committees will need to ensure that localities are empowered to make decisions that achieve appropriate shifts in outcomes.

**REGULATIONS AND GUIDANCE[[3]](#footnote-3)**

The Act is supported by various Regulations, Orders and Guidance that cover a wide variety of topics from membership of IJBs to national health and wellbeing outcomes to the content of performance reports and so on. Please Refer to Appendix Two for further detail.

**RECOMMENDATIONS FOR LOCAL ACTION:**

1. Get to know what your local area is doing – Joint Board or Lead Agency model? RCSLT understand most areas are opting for Joint Boards.
2. Get to know who is on Joint Boards/Committees, Strategic Planning Groups and clinical forums. Work out which of the people on these groups do or could best “represent” you and/or your service users. They will help get the SLT message to the Joint Boards.
3. Secure as direct representation as possible on strategic planning groups and clinical forums and respond to consultations on Local Action Plans etc.
4. Help AHP and SLT representatives on Joint Boards, Strategic Planning Groups etc. communicate positive information about the impact of SLT on Health and Wellbeing Outcomes and other Joint Board performance measures by telling them about impact using single case studies to service level stories. You might consider inviting Joint Board members along to observe or hear about SLT in practice. Alternatively get good SLT stories into Integration Board websites, newsletters etc.
5. Get involved in the Refresh of AHP National Delivery Plan. £3 million has been promised by Scottish Government to support independent and active lives. RCSLT are looking into how SLT services might benefit from some of these funds. Ask your AHP Directors what they know about this.
6. Link up with other SLTs, via Team Scotland Hub, to share positive stories and information on your experience of integration. If you are interested in being part of an “RCSLT Scotland Adult Service Policy Network” please let RCSLT Scotland Office know. (See contact details below).

**Please note that the RCSLT Scotland Office will be gathering case stories from across Scotland and generating a “Local influencing Package” over 2015-16 to help you do this.**

**RSCLT resources already available to you on our website** [**www.rcslt.org**](http://www.rcslt.org) **include:**

* [Speech and Language Therapy: Delivering health and social care outcomes that count for adults in Scotland](http://www.rcslt.org/governments/docs/delivering_health_and_social_outcomes_for_adults)
* [Speech and language therapy works for people with dementia](http://givingvoiceuk.org/wp-content/uploads/2014/10/RCSLT_Dementia_A4_flyer_Web_Oct14.pdf)
* [Giving Voice for People with Dementia](http://givingvoiceuk.org/wp-content/uploads/2013/11/FINAL_RCSLT_Dementia_A4_flyer_print_ready_cropped.pdf) – key information leaflet for decision makers
* [Resource Manual for Commissioning and Planning services](http://www.rcslt.org/speech_and_language_therapy/commissioning/resource_manual_for_commissioning_and_planning_services) – a practical resource

**CONTACT**

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**WAS THIS BRIEFING USEFUL?**

If you have feedback on the usefulness of this brief or otherwise, please let us know (above contact details) so that we can make RCSLT briefs better, and better each time.

**APPENDIX ONE: National Health and Wellbeing Outcomes[[4]](#footnote-4)**

There are nine national health and wellbeing outcomes which apply to integrated health and social care.

Health Boards, Local Authorities and the new Integration Authorities will work together to ensure that these outcomes are meaningful to people in their area.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or 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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

**APPENDIX TWO[[5]](#footnote-5): Regulations, Orders and Guidance related to the Act**

**Regulations and Orders**

* The Public Bodies (Joint Working) (Scotland) Act 2014 (Commencement No. 1) Order 2014
* The Public Bodies (Joint Working) (Scotland) Act 2014 (Commencement No. 2) Order 2014
* The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Scotland) Act 2014 (Modifications) (Scotland) Order 2014
* The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014
* The Public Bodies (Joint Working) (Integration Joint Monitoring Committees) (Scotland) Order 2014
* The Public Bodies (Joint Working) (Local Authority Officers) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Prescribed Days) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Membership of Strategic Planning Group) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014
* The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland)

**Regulations 2014 Guidance and Advice**

* Clinical and Care Governance Framework
* Core Suite of Integration Indicators
* Financial Assurance
* Financial Planning for Large Hospital Services and Hosted Services
* Health and Social Care Functions
* Health and Wellbeing Outcomes
* Integration Planning and Delivery Principles
* Model Integration Scheme
* Professional Guidance, Advice and Recommendations for Shadow Integration Joint Boards
* Strategic Commissioning Plans

1. See section five in the [Communications Toolkit](http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Material/Toolkit): A guide to support the local implementation of Health and Social Care Integration published by The Scottish Government. [↑](#footnote-ref-1)
2. See the [Communications Toolkit](http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Material/Toolkit): A guide to support the local implementation of Health and Social Care Integration published by The Scottish Government for these key features of the Act and for further detail if required. [↑](#footnote-ref-2)
3. See page p23 of the [Communications Toolkit](http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Material/Toolkit): A guide to support the local implementation of Health and Social Care Integration published by The Scottish Government, which lists all the Regulations, Orders and Guidance relevant to the Act. [↑](#footnote-ref-3)
4. See [National Health and Wellbeing Outcomes](http://www.gov.scot/Resource/0047/00470219.pdf): A framework for improving the planning and delivery of integrated health and social care services published by the Scottish Government. [↑](#footnote-ref-4)
5. See page p23 of the [Communications Toolkit](http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Material/Toolkit): If you view this online, you can quickly use hyperlinks related to the relevant Regulation, Order or Guidance as required. [↑](#footnote-ref-5)