



Public Bodies (Joint Working) (Scotland) Act 2014: Draft Regulations

A briefing for carers: June 2014

The Public Bodies Act 2014 received Royal Assent on 1 April 2014. The new Act puts in place the legislative framework to enable health and social care for adults to become integrated.

The aims of integration of health and social care are to:

- Improve the quality and consistency of services for patients, carers, services users and their families.
- To provide seamless, joined up high quality health and social care services in order to care for people in their own homes (or a homely setting)
- And to ensure that resources are used effectively and efficiently to deliver services that meet the needs of people with long term and often complex needs, many of whom are older.¹

Much of the legislative process to date has been to ensure that that health and social care can integrate, including management and financial arrangements. This includes helping establish the ways in which services will be integrated, and the mechanisms to manage this including health and social care boards and smaller locality partnerships and describing how carers and people who use services will be involved in making decisions about the services in their areas. The legislation also gives Scottish Ministers the power to set national outcomes. These outcomes (which are described in the regulations) will help measure progress in improving the lives of people who use services and carers.

The legislation has also been clear that all Boards **must** include a carer, as should each locality partnership. There should also be arrangements for wider consultation with carers and carer organisations.

All areas must submit their integration scheme by April 2015. The integration scheme is a document produced by each area (e.g. one local authority and one health board) which sets out the model of integration and key agreements that have been made. All arrangements should be fully up and running by April 2016.

¹ Scottish Government, 2014

Next Steps

The next phase is a Scottish Government consultation on two sets of regulations which support the legislation. We have outlined key aspects of both sets of regulations which will be of interest to carers.

Regulations – Set One

Set 1 of the regulations focuses on:

- What information must be included in the integration scheme, for example, governance, arrangements, workforce concerns, and stakeholder and public engagement.
- What functions must be delegated by the local authority and health board
- National health and wellbeing outcomes

1. Information that must be included in Integration Schemes

The regulations set out information that partnerships must include in their plans for integration. This includes, the model agreed and key agreements that have been made. It also includes groups that must be included in integration schemes including *“representatives of staff, carers, service users and the third sector”*. It also specifies that an integration scheme must include details for *“participation and engagement”*. This includes *“a list of persons, groups of persons, and representatives of groups consulted in the development of the integration scheme”* and *“details of the means by which the consultation... was undertaken.”* and the *“process for developing a strategy for engagement with members of the public, representatives groups or other organisations.”*

2. Functions that must be delegated

(a) Delegated by local authorities

The regulations set out functions that must be delegated by local authorities and included in integration schemes. This includes the following local authority services:

- Social work services for adults and older people
- Services and support for adults with physical disabilities and 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.

(b) Delegated by health boards

The regulations also set out functions that must be delegated by health boards and included in integration schemes. These include the following NHS services:

- 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

The national carer organisations have a general question over two areas which do not appear to be explicitly included – home oxygen services and wheelchair services. Whilst wheelchair services may be included in equipment services to be delegated by the local authority, this is unclear. However, home oxygen services should be seen as a service that enables people to remain in or return to their homes rather than remain in hospital and thus should be included.

3. National Health and Wellbeing Outcomes

The regulations set out draft national health and wellbeing outcomes. These have been developed by a group of key stakeholders – including the third sector 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 aim to provide a 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:

- Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

- 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.
- Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- Outcome 5. Health and social care services contribute to reducing health inequalities.
- 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.
- Outcome 7. People who use health and social care services are safe from harm.
- 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.
- Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

The national carer organisations believe that the outcome for carers does not go far enough and that any outcome should mirror that of people who use services and the workforce. To this end, we have proposed the following outcome:

People who provide unpaid care have their rights respected and are supported to reduce the potential negative impact that their caring role has on their health and wellbeing and to enable them to maintain a life outside caring.

4. 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 professional bodies) that are included. These are:

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.

The national carer organisations suggest that there are some health professionals that are not currently included that may or should be specifically mentioned within the draft regulations. These include:

- audiologists who also provide services in the community. (audiologists are a different profession to hearing aid dispensers)
- ambulance care attendants (Scottish Ambulance Service) and others who provide patient transport services both to and from hospitals and other health settings and within the community.

In addition, health promotion is specifically mentioned as a delegated function but there is no mention of the full range of professionals that undertake health promotion.

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

Further information

The full (set one) regulations can be found at: <http://www.scotland.gov.uk/Publications/2014/05/5284>. The closing date for responses to the regulations is 1 August 2014. Details of responding to the consultation can be found at the end of this document.

Regulations: Set Two

Set 2 of the regulations focuses on:

- Groups which must be consulted when drafting integration plans, those who must be consulted on draft strategic plans and in localities.
- Establishment and membership of the joint monitoring committee or of integration joint board.
- Membership of strategic planning groups
- Content of performance reports

1. Groups that must be consulted

Before submitting integration schemes to the Scottish Government for approval, the local authority and health boards must jointly consult with “prescribed” groups of people. This must include a range of people and groups including carers of users of health and social care, users of health and

social care and third sector bodies. When an integration scheme is reviewed, the same groups must be consulted.

Carers must also be consulted in the development of a strategic plan for the area. A strategic plan sets out the arrangements for carrying out the integrated functions and for how these arrangements are intended to achieve the national health and wellbeing outcomes.

Carers must also be consulted where an integration authority proposes to take a decision that might significantly affect the provision of services in an area. They must take appropriate action to involve and secure carers' views.

2. Membership and proceedings of Integration Joint Boards

A carer representative must be involved as a member in each Integration Joint Board. Their capacity, as for all those who are not elected representatives of a local authority or health board, is as a non-voting member. The regulations set out details of membership, powers, proceedings and standing orders for such meetings and key issues such as conduct of meetings,

The national carer organisations welcome the inclusion of carers in each of the Integration Joint Boards across Scotland although we are disappointed that this is not in a voting capacity. However, we believe that the regulations as they stand require some strengthening to ensure that carers' involvement is meaningful and supported.

We will recommend the following:

- the inclusion of replacement care costs as a reasonable expense alongside travel and subsistence.²
- that the phrase "any costs incurred in connection with their membership of the joint integration board" should be extended to include any additional meetings outwith board meetings to enable them to consult with the wider carer community in order to represent their views e.g. to attend a local carers forum³.
- that three day's notice for providing papers is extended to a minimum of 7 days. Three days is insufficient for the importance of the integrated boards and the need for members, particularly carer and service user members, to have time to digest contents and ask questions if required.⁴
- that non-voting members, including carers, should also have the opportunity to have someone to deputise for them in their absence.⁵
- that regulations should include a responsibility on partnerships to provide carers and service users (and indeed other members of integration joint boards) with induction as a minimum and training and support if required.

3. Membership of Strategic Planning Groups

Integration authorities must establish a strategic planning group which must be involved in all stages of developing plans. There are a range of people or groups of people that must be involved

² Membership, powers and proceedings of integration joint boards [15] Expenses

³ ibid

⁴ Matters to be included in standing orders [4] conduct of meetings

⁵ Matters to be included in standing orders [5] deputies

including health and social care professionals, users of health and social care, providers of health and social care, third sector bodies and **carers**.

Again the national carer organisations welcome this inclusion and our comments about mechanisms to ensure that carers can be involved meaningfully within Integration Joint Boards e.g. expenses, training and appropriate support would apply equally to carer involvement in strategic planning groups.

4. Form and content of performance reports

Integration authorities will have responsibility for providing reports and accounts of their activities so that the public can assess the progress made to improve outcomes by the integration authority that services them.

Each integration authority must prepare an annual performance report and the regulations specify information that must be included:

- Progress against national health and wellbeing outcomes.
- Progress against a suit of key measures and indicators
- Progress in strategic and locality planning
- An overview of the integrated budget and changes within it
- Flexibility to allow reporting on other local outcomes and priorities, and
- Where a lead agency model of integration is used, details of any recommendations and responses from and to the integration joint monitoring committee.

These performance reports must include information on spending on services and support for unpaid carers.

The national carer organisations welcome the depth of information required. However, we believe it should also include information on locality planning and the involvement of carers and other key stakeholders, such as structures for locality planning, service user and carer forums and other mechanisms for consultation.

Further information

The full (set two) regulations can be found at: <http://www.scotland.gov.uk/Publications/2014/05/6659>. The closing date for responses to the regulations is 18 August 2014. Details of responding to the consultation can be found at the end of this document.

Having your say

The national carer organisations have produced a response form for carers to assist carers in responding to this consultation. This can also be downloaded from www.carerscotland.org and www.carersnet.org or by contacting one of those listed below.

Contacts

- | | |
|--|--|
| • Fiona Collie, Carers Scotland | fiona.collie@carerscotland.org |
| • Heather Noller, Carers Trust Scotland | hnoller@carers.org |
| • Claire Cairns, Coalition of Carers in Scotland | coalition@carersnet.org |
| • Suzanne Munday, MECOPP | suzanne@mecopp.org.uk |

The National Carer Organisations are Carers Scotland, the Coalition of Carers in Scotland, Minority Ethnic Carers of Older People Project (MECOPP), Crossroads Caring Scotland, Shared Care Scotland, the Scottish Young Carers Services Alliance and Carers Trust Scotland