

# New Bill for Health & Social Care Integration: Public Bodies (Joint Working) (Scotland) Bill

## Introduction

The Scottish Government published the Public Bodies (Joint Working) (Scotland) Bill on its proposals to integrate Adult Health & Social Care on 28 May 2013. Whilst the Government has taken on board many of the points raised by UNISON in its response to the earlier consultation, it includes some proposals that were not contained in it, which cause us some concern.

Four options of integration will be available:-

- the delegation by both the health board and local authority to an integration joint board – the body corporate model;
- the delegation of functions by the local authority to the health board;
- the delegation of functions by the health board to the local authority;
- the delegation of functions by the local authority to the health board and delegation of functions by the health board to the local authority (Lead Agency models as used in Highland).

UNISON expects that most areas will use the body corporate model but there may be some who would prefer one of the lead agency models.

## Main Aims of the Bill

The Bill aims to provide a framework to support improvement of the quality and consistency of health and social care through the integration of health and social care services across Scotland. The initial proposals are for the integration of adult health and social care, initially for older people, but statutory partners can decide locally whether to include other services in their arrangements, such as housing.

The Bill builds on perceived improvements made over the years, particularly with the recent Reshaping Care for Older People Programme and the Change Fund and aims to address concerns that more joined up, integrated services are needed. But disconnects remain between in the NHS between primary care and acute (secondary) care and between health and social care which is delivered by local authorities and the Government feels more must be done.

The Government is clear that legislation alone will not achieve their aims and that better leadership will be needed, locally and nationally, to achieve the changes in working practices, culture and behaviour that are required. Barriers to integration are still apparent in structures, professional territories, governance and finance and the Government believes this works against efficient delivery of clinical and care quality. The Bill aims to break down these barriers.

- **KEY POINTS:**  
The Bill offers 4 options for integration: delegation to an integration joint board (body corporate model) and 3 delegated functions models (lead agency)
- Integration Joint Boards will be set up in each Local Authority Area.
- Community Health Partnerships will be abolished.
- A Chief Officer will run each Integration Joint Board (body corporate model)
- Joint budgets and integration plans will be established
- Nationally Agreed Outcomes will be set nationally.
- Planning will be delivered locally using clinicians, social workers, AHPs, nurses, etc., and service users and their carers.



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## **Requirements in the Bill**

The Bill will enable health boards and local authorities to integrate planning and service provision for all areas of health and social care, with further regulations to come which will set out functions that may and may not be delegated; the minimum functions to be delegated and to establish other details of how the proposals will be implemented.

## **Outline of the Bill**

- A framework will be established to integrate local authority and health board functions using one of the models outlined above.
- Integration joint boards and integration joint monitoring committees (body corporate model) will be established, while Community Health Partnerships will be abolished.
- Integration joint boards will appoint a chief officer who will be jointly accountable to the constituent partners and be responsible for the management of the integrated budget and the delivery of services for the plan. The chief officer will also lead the development and delivery of the strategic plan for the joint board. In the lead agency model chief executive of the host body will perform that role.
- Integration joint boards or health boards and local authority partners will establish integration plans to delegate functions and to deliver those functions. There are two options for integrating budgets and functions: delegation to the body corporate model will mean the local authority and health board agreeing the amount of resources to be committed by each partner; the other, using one of the lead agency models, the health board and/or local authority will delegate functions and the relevant amount of resource to the other partner.
- Scottish Ministers will specify national outcomes for health and wellbeing. Health boards and local authorities will be accountable to Scottish Ministers and the public for the delivery of these services through either the chief officers of the Integration Joint Boards or the Chief Executives of the host bodies.
- Integration authorities in all models will be required to produce a strategic plan (strategic commissioning plan) for the following 3 and 10 years, taking into account service users and carers, the third and private sectors and clinicians and social care professionals in all stages of planning.
- Locality planning will be embedded to focus on the need of individuals and communities.
- Health boards will be able to contract on behalf of other health boards to form a wider range of joint ventures structures, using the Scottish Futures Trust and to collaborate with local authorities to enable a joint approach to asset management and disposal.
- The Bill will provide for the extension of the Common Services Agency (currently NHS National Services Scotland) to deliver shared services to public bodies, including local authorities over a range of services, including legal, fraud, procurement services, etc.
- The CNORIS indemnity scheme, which currently meets losses and liabilities of certain health service bodies, will be extended to local authorities and integration joint boards.

## **UNISON View**

UNISON is pleased that some of its views have been incorporated into the Bill, such as the need for services to be designed and delivered locally, rather than “top down”. We also welcome the potential inclusion of other services, such as housing, and the commitment that its proposals will not ‘rest on a principle of centrally directed structural change’. We are pleased at the commitment to retain and possibly enhance certain current statutory roles, such as the Chief Social Work Officer, Director of Public Health, Chief Finance Officer, etc. However we remain concerned at the potential diminution of the role of elected councillors who are responsible to the electorate, instead of government ministers. We are also disappointed that no role is ascribed to trade unions in governance matters.

## Potential Problems

- Terms and conditions may be different between health and local authority staff and will need to be managed carefully. Care staff have traditionally been less “valued” than clinical staff, e.g. nurses.
- Potential loss of democratic accountability although Integration Joint Boards and Committees will be made up of equal numbers of councillors and health board officers.
- Different systems of governance are in place in the NHS and local authorities and there is much distrust between the two groups of staff over this.
- Joint budgets will need to be sufficient to deliver the services that are identified as needed. This will be difficult in times of increased austerity when local authority budgets in particular are being cut.
- Many local authority care services have traditionally been delivered by the independent and private sector. There is concern that this may happen in health which so far has kept services in-house.
- There is a perceived disconnect between Acute and Community health services which may increase if acute budgets are merged into the Integration “pot”.
- The parts of the Bill which relate to shared services and health service functions were not part of the initial consultation. UNISON would be concerned at the democratic loss of local authority services such as legal, IT, Counter fraud, procurement, etc., if using the Common Services Agency shared services facilities.
- UNISON also has concerns at the potential for privatisation of health service functions as outlined in Part 3 of the bill, which will allow health boards to form companies and to act on behalf of other health boards to allow, for example, the management and disposal of property and assets, and to form other “corporate structures” under the Joint Ventures initiatives, led by the Scottish Futures Trust,

## Action for Branches

- Discuss with your employer which model would best suit the circumstances in your area
- Arrange local meetings with partner branches in each area to discuss the implications for the services and for staff.
- Send information on which partnership arrangements are likely to be used in your area and what steps are currently being taken to: Diane Anderson at [diane.anderson@unison.co.uk](mailto:diane.anderson@unison.co.uk) so that the picture can be co-ordinated across Scotland.

## Further info

### Scottish Government Bill

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>

### Consultation

<http://www.scotland.gov.uk/Publications/2012/05/6469>

### UNISON response to the consultation

[http://www.unison-scotland.org.uk/response/IntegrationofAdultHealthandSocialCare\\_response\\_Sep2012.pdf](http://www.unison-scotland.org.uk/response/IntegrationofAdultHealthandSocialCare_response_Sep2012.pdf)

### UNISON comments to Health & Sport Committee

[http://www.unison-scotland.org.uk/response/Health+SocialCareIntegration\\_CommentstoSPHealth+SportCommittee\\_Feb2012.pdf](http://www.unison-scotland.org.uk/response/Health+SocialCareIntegration_CommentstoSPHealth+SportCommittee_Feb2012.pdf)

### UNISON Briefings

[http://www.unison-scotland.org.uk/briefings/b024\\_BargainingBrief\\_IntegrationofHealthandSocialCare\\_May2012.pdf](http://www.unison-scotland.org.uk/briefings/b024_BargainingBrief_IntegrationofHealthandSocialCare_May2012.pdf)

[http://www.unison-scotland.org.uk/briefings/b032\\_BargainingBrief\\_IntegrationofAdultHealth+SocialCare\\_Mar2013.pdf](http://www.unison-scotland.org.uk/briefings/b032_BargainingBrief_IntegrationofAdultHealth+SocialCare_Mar2013.pdf)



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