Public Bodies (Joint Working) (Scotland) Bill
Health & Social Care Integration

Introduction
The Public Bodies (Joint Working) Bill is completing its parliamentary stages. This legislation implements the Scottish Government’s plans for health and care integration.

We set out the provisions of the Bill and our views in Briefing 37. This briefing updates branches on the Bill’s progress and the issues that will need to be addressed at local level as the provisions are implemented by councils and health boards. This will formally happen in April 2015, but discussions are already well advanced in most areas as set out in our audit of responses sent to branches on 20 January.

Structures
The Bill provides for two main models, the lead authority or what is known as the body corporate model where services are managed by an integration joint board. It appears that almost everyone outside Highland will adopt the body corporate model. While there is some local discretion, ministers have an extensive array of powers to approve and intervene.

This balance is described by ministers as: “It is important that the Bill strikes an appropriate balance between establishing a common framework for integration across Scotland, with full regard for effective and appropriate governance arrangements, whilst at the same time ensuring that it is not prescriptive at such a level of detail as to stymie local innovation.”

Integration Plan
Health boards and local authorities will prepare an integration plan covering the functions to be delegated, structures, financial provisions etc. The detail will be set out in secondary legislation; however, the government has published policy statements that give a good indication of their approach. There is a prescriptive list of functions that must be delegated. Branches should be consulted over the integration plans.

The Integrated Joint Board will have equal numbers of councillors and health board non-executives as voting members. The chair will have the casting vote and rotate every three years. However, others including, as a minimum, ‘a staff side representative’ can be appointed in a non-voting advisory capacity. Given the health board and council staff involvement, branches may wish to press for two staff side representatives.

The board will be required to publish regular performance reports including an assessment of progress against national outcomes, key indicators, budgets and planning.

KEY POINTS:
- The Bill implements the Scottish Government’s plans for health and social care integration
- The body corporate model is being adopted being almost all areas.
- An integration joint board will be established with equal health board and council voting members. Advisory members include staff side reps.
- The functions to transfer are largely prescribed and must be set out in an integration plan.
- Each board must consult over a strategic plan, including locality provision.
- Staff will not transfer. Staffing arrangements will be agreed locally. A group has been established to consider national guidance.

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Strategic Plan
Each integration board will have to prepare a strategic plan that should last a minimum of three years, in consultation with a ‘Strategic Planning Group’ and consult widely. Again branches should ensure that there is adequate staff side representation of this group.

The plan must also make provision for locality integration and consult a wide range of interests who may be affected. A locality is a defined ‘natural community’ that is primarily brought together because the resident population have similar health and social care needs.

Staffing Issues
Under the body corporate model staff remain as health board or council employees. However, this does not mean that there are no staffing issues. UNISON set out a range of concerns in its evidence to the Bill committee.

The Chief Officer can be on either conditions and the appointment procedures have been set out in guidance. In addition, there are powers in the Bill for ministers to direct staff transfers in future.

The Health Committee in its First Stage Report reflected UNISON’s evidence when it recommended that, “there is a need for clarity and consistency on staff issues that may be raised by integration of different staffs working for different employers.”

The government response was that while detailed staffing arrangements are a matter for integration authorities they, “recognise that some of the matters raised by UNISON and others will benefit from national discussions and, potentially, action or guidance. The Scottish Government has established Human Resources Working Group on Integration (HRWG) to consider those workforce issues arising from integration proposals…. The Group is considering a range of HR issues, including whether each matter needs national agreement – and if so, what the mechanism should be for reaching such agreement – or whether local agreement is more appropriate.”

There is also a Workforce Development Strategic Group looking at workforce cultures and related issues.

Action for Branches
Branches should familiarise themselves with the provisions of the legislation and the policy statements that provide more information on the detailed arrangements.

An audit of local plans based on FoI requests was circulated on 20 January and branches should ensure that they are aware of progress in their locality and that they are being fully consulted over these plans. In particular, the financial and contracting provisions as these are some of the weakest elements of the Bill.

Regional Organisers will shortly be organising meetings of the relevant branches to coordinate responses to local plans. The Chairs of the Health and Local Government service groups will attend these meetings.

Branches should develop a communications plan to ensure members are aware of developments both with local plans and related staffing issues.