POLICY NOTE

THE PUBLIC BODIES (JOINT WORKING) (PRESCRIBED HEALTH BOARD FUNCTIONS) (SCOTLAND) REGULATIONS 2014

SSI 2014/xxx

1. The above instrument was made in exercise of the powers conferred by sections 1(6), 1(8) and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014. The instrument is subject to affirmative procedure

Policy Objectives

2. The Public Bodies (Joint Working) (Scotland) Act requires Health Boards and Local Authorities to agree arrangements for joint working in their area. These joint working arrangements will involve the delegation of functions by the local authority, or by the Health Board, or both. The policy objectives are:

   - To create a single system for local joint strategic commissioning of health and social care services, which is built around the needs of patients and service users, and which supports whole system redesign in favour of preventative and anticipatory care in communities.

   - To ensure that integrated arrangements include, at least, adult social care, adult primary and community health care, and aspects of adult hospital care that offer the best opportunities for service redesign and better outcomes.

3. This instrument sets out which health functions and services must, may and may not be included in the integrated arrangement.

4. Existing health legislation generally describes the functions of Health Boards in very broad terms. The same statutory function may provide a legal basis for a wide range of services (including acute, tertiary and community services, in some cases). It is therefore necessary in these Regulations to provide a more limited description of the extent to which a particular function must be delegated, in order to make clear that a Health Board is, at a minimum, required only to delegate its functions in relation to primary care, community care, and certain aspects of acute care. For these reasons the Regulations include a list of the health services to which integration applies which sets out the extent to which certain functions are to be delegated. As far as possible, the language used within these Regulations has been chosen to reflect existing organisational structures and widely understood terminology, so that people working in the NHS can identify clearly those aspects of hospital care that will be integrated

5. These Regulations include three Schedules, as follows:

   - Schedule 1 sets out all the health functions that may be included in integrated arrangements. This list comprises all functions of Health Boards except those which, for a particular reason, are inappropriate for inclusion in integration. Column A

describes the functions that may be integrated and column B lists any necessary exclusions or exceptions.

- Schedule 2 sets out a more restrictive list of the health functions that must be included in integrated arrangements, insofar as they relate to the services set out in Schedule 3. This list is made up of the functions of Health Boards that relate to the delivery of health services. Again, column A describes the functions that must be integrated, and column B specifies exclusions and exceptions.

- Schedule 3 sets out the extent to which the functions listed in schedule 2 must be included in integrated arrangements, by reference to health services. Schedule 3 is set out in three arts. Part 1 provides an explanation for terms used in the Schedule. Part 2 sets out which acute hospital services must be included in integration. Part 3 sets out which community and primary care health services must be included in integration.

6. The services listed in parts 2 and 3 of Schedule 3 are those identified as offering the best opportunity for improved outcomes under integration, in relation particularly to people with multimorbidity.

7. The hospital services described in part 2 of Schedule 3 are included to achieve the policy intention, which is that the strategic planning of those services most commonly associated with the emergency care pathway will be undertaken in an integrated way. The services included are hospital specialities that exhibit a predominance of unplanned bed day use for adults. Within this context, the term "unplanned" refers to those stays that are unplanned and potentially avoidable with the provision of some sort of preventative care. In order to identify which inpatient services offer the greatest opportunity to prevent admission and/or reduce length of stay, expenditure and bed capacity in Scottish hospitals has been analysed for each speciality by type of care (i.e., planned or unplanned admissions).

Consultation

8. A public consultation took place, running from 12 May 2014 to 1 August 2014 and 172 responses were submitted in total. Where we received permission to do so, the responses to the consultation have been published on the Scottish Government website. It includes responses from Health Boards, local authorities, representative bodies, third sector and carers organisations.

Impact Assessments

9. An equality impact assessment has already been completed on the Public Bodies (Joint Working) (Scotland) Bill and a summary published. To view the Equality Impact Assessment click here. No additional issues arise as a result of this instrument.

Financial Effects

10. A Business and Regulatory Impact Assessment was completed on the Public Bodies (Joint Working) (Scotland) Bill and a summary was published. To view the Business and Regulatory Impact Assessment click here. No additional issues arise as a result of this instrument.

Scottish Government
Directorate for Health and Social Care Integration
Integration and Reshaping Care Division