

Draft Regulations and Orders Relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 2

**Consultation response from Voluntary Action Scotland
18th August 2014**

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Voluntary Action Scotland is the national network body that supports, co-ordinates and advocates for Scotland's Third Sector Interfaces (TSIs). Our ambition is to see a Scotland in which voluntary and social enterprise action in all its forms flourishes and delivers strong resilient communities. We believe that Scotland's local third sector infrastructure organisations have a crucial role to play in making this happen. VAS gives a national voice to the TSIs local impact. We advocate for the best possible environment in which the third sector locally can thrive and contribute to better outcomes for the people we serve.

Voluntary Action Scotland welcomes the opportunity to respond to this consultation. Throughout the legislative process for the Public Bodies (Joint Working) Act we have worked closely with our members and colleagues in the third sector, in particular the ALLIANCE whose response to this consultation we are keen to endorse.

Our response centres around the need for the third sector to have parity of esteem in decision making processes. We believe that the third sector, via the local TSI in its role as an advocate and connector of the third sector, must play a central role in health and social care integration. If the aims of public service reform are to be achieved then legislation must create an environment in which the third sector can bring ideas to the table and help deliver a stronger health and social care landscape, challenging the traditional structures and working across sectors for more person-centred, preventative, co-produced outcomes.

Consultation Questions

Annex 1(D) – Integration Schemes; Strategic Plans; Localities

VAS broadly welcome the list of standard consultees and is pleased to see the inclusion of people that use support and services and 'non-commercial providers' of health/social care, however we do believe 'Third sector bodies carrying out activities related to health or social care' needs to be more explicit, particularly in relation to the local Third Sector Interface. This must also extend beyond purely 'providers' of health and social care. This must include the likes of community based peer support groups, providers of activities and support that contribute to health and wellbeing such as volunteer based activities and befriending services.

The local TSI provides a vital link between the third sector and statutory bodies, acting as an advocate for the sector and connecting organisations with similar interests. It is therefore imperative that in order to ensure information reaches all those in the third sector that are engaged in this agenda that TSIs are included, in some way, in the list of consultees at the very least.

A further concern we have is that of ensuring that co-produced, sustainable and preventative approaches are at the forefront of this piece of legislation. We have been encouraged by previous pronouncements by the Scottish Government in relation to this and are keen for the regulations to reflect this; we do not want to see a situation where consultation with the list of standard consultees is done merely to fulfil statutory duties, responses must be reflected in integration schemes, strategic plans and other areas.

In order to facilitate meaningful engagement there needs to be consideration of the resources needed by the list of standard consultees. This is a wide ranging agenda and is potentially incredibly resource heavy if organisations, such as Third Sector Interfaces, are to engage at the level expected at present. Guidance must therefore state that Health and Social Care Partnerships have to resource this role effectively. If resources are not made available it will have a negative impact on the level to which the likes of Third Sector Interfaces are able to engage in and influence this agenda, meaning the integration process will not have the transformative, person-centred reform that we all wish to see.

Annex 2(D) – Membership, Powers and Proceedings of Integration Joint Boards

VAS supports the ALLIANCE response in this regard, in that it states *“The inclusion of people who use support and services, unpaid carers and the third sector in the minimum membership of integration joint boards is welcome, but they will require support to participate effectively, meaningfully and usefully in these processes. This does not appear to have been considered adequately to date and partnerships should be required to say how they will support community capacity building.”* We also seek further clarity around who the ‘third sector representative’ on the board would be. The third sector is not a homogenous group and as such the term ‘representative’ can often be misleading. We would argue that as the TSI has a role as an advocate for the local third sector that it should fulfil this role on an advocacy basis and encourage guidance that reflects this stance.

In order to make Integration Joint Boards accessible for those with non-voting rights there needs to be a concerted drive towards providing information in an accessible format. Papers need to be provided in a timely manner as do notice of meetings, the current suggested three day notice period is simply unacceptable even if this is only in exceptional circumstances. The capacity of non-voting members is likely to be under significant pressure due to other agendas to which they contribute and as such inaccessible information and lack of notice of meetings will impinge on their ability to contribute fully to integration joint boards. Again this will be to the detriment of the integration process.

We believe that the role of the TSI and third sector more generally in the ‘Reshaping Care for Older People’ Change Fund agenda (RCOP) has shown the significant impact that the third sector can have when given a central role and parity of esteem. RCOP has allowed the third sector to demonstrate to statutory partners the dynamism within the sector and has shown new ways of working, this has allowed positive relationships to blossom between the third and statutory sectors. We are therefore concerned to learn through anecdotal evidence that the third sector has had a diminished role in developing bids for transitional arrangements. The sector, via the TSI, must be a key strategic partner in commissioning, not simply a deliverer of services. Our concern is that the learning and role of the third sector in RCOP will be lost as the integration process is dominated by statutory bodies. The third sector brings significant resources to the table in terms of knowledge, expertise, and ways of working, if we wish to see a shift to prevention and new models of health and social

care it is imperative that the third sector has a strong strategic role in each Health and Social Care Partnership.

Annex 3(D) – Establishment, Membership and Proceedings of Integration Joint Monitoring Committees

Again we welcome the inclusion of a ‘third sector representative’ and would reiterate previous calls for clarification in this regard. We would also reiterate previous calls for consideration of resource implications for non-statutory sector partners in order to fully engage in this agenda. In particular placing a requirement on Health and Social Care Partnerships to outline how they will support community capacity building and engagement.

Annex 4(D) – Prescribed Membership of Strategic Planning Groups

In relation to this section we reiterate previous points regarding resourcing and the role of the Third Sector Interface as an advocate for the third sector. The third sector will require adequate investment to engage fully in this agenda, both in terms of capacity and knowledge. The issue of lack of voting rights for the third sector on the joint integration boards remains an issue as it is seen to significantly reduce the influence of the third sector in this agenda, this needs to be addressed in guidance.

We support wider participation and engagement in addition to the proposed representative model and would be keen to see broader participative approaches with the community and third sector adopted. It would be important to not be prescriptive in this regard as different partnerships may wish to use different methods but we do support the inclusion of the National Standards for Community Engagement as a tool to support this engagement.