

Health and Social Care Integration

Strategic Plans: Statutory Guidance - Consultation

**Public Bodies (Joint Working) (Scotland)
Act 2014**

August 2023

Who this guidance is for

This statutory guidance is for everyone involved in the planning and commissioning of health, social work and social care services. This is the second edition of this guidance, reflecting a significant refresh to account for the progress, learning and good practice that has emerged since the publication of the original guidance in 2015.

The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act"), which puts in place the framework for integrating health and social care, mean that people working in the statutory bodies, i.e. health boards, local authorities and integration joint boards (IJBs), will have a specific interest.

It is important to note, nonetheless, that the 2014 Act places a duty on integration authorities – either integration joint boards, or health boards and local authorities in a lead agency arrangement – to involve a range of service providers, people who use services, carers, representative bodies, and professionals in the commissioning process. This guidance, and the advice notes that accompany it with practical advice on a range of subjects, will therefore be of interest and relevance to a wide range of organisations and individuals.

By virtue of section 53 of the 2014 Act, an integration authority is required to have regard to this guidance when preparing a strategic plan.

Guidance structure

The guidance outlines relevant requirements in the 2014 Act. Where possible, titles of the various sections of the guidance cite the specific section(s) of the 2014 Act described.

Supplementary information, intended to support integration authorities effectively perform requirements under the 2014 Act and draw links to wider supporting resources, is detailed throughout the guidance. This information, which aims to support good practice, is presented in boxes, embedded within related sections of the guidance.

Associated guidance on the 2014 Act

This guidance should be read alongside our range of [guidance and advice notes supporting the 2014 Act](#), particularly the guidance centred on:

- localities
- the national health and wellbeing outcomes framework
- annual performance reporting
- the health and social care integration core indicators
- directions from integration authorities to health boards and local authorities
- housing services and integrated health and social care
- finance

This guidance should also be considered alongside guidance and requirements for NHS health board planning.

Related planning duties

Strategic planning requirements, under the 2014 Act, are set within a complex planning, delivery and reporting landscape. There are therefore a number of interdependencies, requiring alignment with other planning activity undertaken by local authorities, health boards, wider integration authorities, other public bodies and delivery partners.

This guidance is a resource for those providing advice to local governance forums and those leading the development of other local plans, which seek to uphold rights, tackle inequalities, and improve the wellbeing of local communities. Strategic plans should be both informed by and contribute to these shared aspirations.

By identifying synergies and connections during each planning cycle, opportunities to reduce duplication and streamline interlinked activities are maximised.

While related planning requirements are referenced throughout this guidance, [Annex A provides a separate list](#) of some key requirements for easy reference.

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1. Introduction

The aim of the integration of health and social care services is to ensure that people receive the right care, in the right place, at the right time. Integration seeks to mitigate the historic divide in the delivery of 'health' and 'social care' services.

The 2014 Act places a duty on integration authorities – either integration joint boards or health boards and local authorities acting as lead agencies – to create a strategic plan for the integrated functions that they control.

The strategic plan should draw upon the 'commissioning' process. Commissioning is the term used for all the activities involved in assessing and forecasting needs. It links investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place¹.

The impact of integration is measured by the statutory national health and wellbeing outcomes and the indicators that underpin them². Achieving these ambitions requires partnership working between statutory agencies and professionals, the third and independent sectors, and local communities.

Recognising that integration has developed significantly since 2015, when this guidance was originally published, a working group of key partners was convened to refresh the guidance in 2022. The intention in revising the guidance was to bring it up to date, draw upon wider good practice, and further support integration authorities to meet their statutory requirements. This version of the guidance seeks to establish a solid foundation on which to take forward future developments in the integrated planning of health and social care, including through the development of a National Care Service, while also reflecting the Scottish Government's commitment to support improvement now.

A further overarching ambition of the working group was for the guidance to support and encourage holistic local planning as a mechanism in tackling inequalities. This guidance therefore aims to support local, cross-policy links between health, social care, housing, children's services, and wider areas where integration authorities may have an impact.

This guidance sets out how planning and commissioning needs to operate in order for integration to deliver better outcomes and improve people's lives.

'Strategic commissioning' and producing a strategic plan

Recognising that integration represented a new, collaborative way of developing services, the previous version of this guidance placed an emphasis on 'strategic commissioning', and the activities set out in the 2014 Act were developed based on

¹ [Joint Strategic Commissioning: Learning and Development Framework](#), 2012

² The functions of the [national health and wellbeing outcomes](#) and [core suite of integration indicators](#) are detailed throughout this guidance.

the Institute of Public Care's commissioning cycle³. Throughout this guidance, the language has been amended to align closer with what is used in practice, while seeking to maintain the policy intent underpinning the 2014 Act, which put commissioning in a strategic, collaborative way at the centre of how integration authorities should operate.

Commissioning 'includes identifying the needs of individuals and communities, enabling people to decide what will best address those needs and working together with agencies to put the right services and support in place'⁴.

Models of commissioning tend to emphasise its cyclical nature, with commissioning providing the context for procurement and contracting. The commissioning process should be equitable and transparent, and therefore open to influence from all partners and stakeholders through an ongoing dialogue with people who use services, carers and providers.

The previous version of this guidance referred to the 'strategic plan' in the 2014 Act as the 'strategic commissioning plan'. In this revised version of the guidance, 'strategic plan' is used for clarity and consistency with the 2014 Act. This change also reflects the language used by integration authorities, with most producing a 'strategic plan'.

The function of the strategic plan, as defined in the 2014 Act, is to set out arrangements for carrying out integrated functions and outline how these will achieve, or contribute to achieving, the national health and wellbeing outcomes. Through determining needs and developing services to meet these needs, commissioning is a key process in achieving this objective and therefore strategic plans should draw upon output from the commissioning process.

The Coalition of Care and Support Providers in Scotland (CCPS) has produced a guide on [commissioning for outcomes](#) and the [different terminology](#).

2. Background

The 2014 Act was preceded by [The Commission on the Future of Public Services](#), 'the Christie Commission', in 2011, which set out the need for greater collaboration, integration and partnership in delivering public services in order to maximise resources and improve outcomes for the people of Scotland.

The [Scottish Government's response to the Christie Commission](#) set out four pillars of public service reform, including a shift towards prevention, greater integration of public services, enhanced workforce and leadership development, and improving performance through transparency, innovation and digital technology.

³ [Joint Strategic Commissioning: Learning and Development Framework](#), 2012

⁴ [Joint Strategic Commissioning - A Definition](#), Strategic Commissioning Steering Group, June 2012

Within this broader context, characterised by a desire for improved public services developed through closer collaboration, the 2014 Act placed a duty on integration authorities to develop a 'strategic plan' for integrated functions under their control.

Each integration authority must therefore produce a strategic plan that sets out how they will commission and deliver services for their area over the medium term.

Under the 2014 Act, stakeholders must be fully engaged in the preparation, publication and review of the strategic plan, in order to establish a meaningful co-productive approach, to enable integration authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

- to improve the quality and consistency of services for patients, carers, people who use services and their families
- to provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so
- to ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older

By developing strategic plans, integration authorities are to design and commission services collaboratively with their partners. This supports awareness of other local commissioning activity, and ensures these processes are mutually reinforcing and add value. Strategic plans should incorporate the important role of informal, community capacity building and asset based approaches, to deliver effective preventative and anticipatory interventions, in order to optimise the potential to reduce unnecessary demand at the 'front door' of the formal health, social care and social work system.

3. Producing a strategic plan

The integration authority can include material that it considers relevant in the strategic plan. However, there are two matters that must be covered. A strategic plan must:

- set out the arrangements for carrying out the integration functions, in the geographic area that the integration authority covers, over the period of the plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately
- set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes

The 2014 Act further sets out detail and considerations on how a strategic plan should be produced, as outlined throughout the remainder of this guidance.

Annex C provides a [high-level checklist](#) to help guide integration authorities.

The Framework for Community Health and Social Care Integrated Services

Integration authorities are advised to draw upon [the Framework for Community Health and Social Care Integrated Services](#) in the planning of services and the production of their strategic plan.

Aligned to [integration delivery principles](#) and the [national health and wellbeing outcomes](#), the Framework describes the characteristics and components of effective, integrated, sustainable community-based care and support, and the enablers that help to create the right environment for successful delivery of human rights based person-centred care. As an integration-specific tool, the Framework supports the improvement of outcomes for people by informing the design and delivery of local services. By encouraging a whole system approach, transformation and improvement planning will be consistent and cohesive, and deliver positive impacts across all of our populations.

Many integration authorities are applying the Framework, or aspects of the Framework, at strategic and at locality level and use of the Framework is also advised to inform continuous improvement approaches in service delivery planning and team planning cycles. Actively engaging with people who use services and carers, staff, stakeholders and communities, as a foundation element of the Framework, will be key to successful implementation.

There is opportunity for integration authorities to share their learning, good practice, and approaches in their adoption and implementation of the Framework via their annual performance reporting.

The [embedded and emerging good practice online portal](#) has examples of planning, engagement and delivery of services aligned to the Framework. Integration authorities should look to increase the content of this resource by submitting local good practice examples on a regular basis, with a minimum of one per year.

What good looks like

Informed by analysis of a range of strategic documents from across the country, Healthcare Improvement Scotland (HIS) has produced a [Good Practice Framework for Strategic Planning](#).

The framework illustrates what good practice looks like across the breadth of activities involved in effective strategic planning, and is accompanied by a self-reflection tool.

3.1 Considerations in preparing strategic plans (section 30)

The integration authority is required to take into account the [integration planning and delivery principles](#) set out in the 2014 Act, and the [national health and wellbeing outcomes](#) set out in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014, when preparing a strategic plan. This is to ensure the principles and national outcomes are at the heart of planning for the population and to embed a person centred approach, alongside anticipatory and preventative care planning.

Each integration authority, when preparing a strategic plan, must take account of any other strategic plan that has been, or is being, prepared which also sets out arrangements for the use of those services, facilities, or resources.

Essentially, areas that share resources or services must take account of this in their respective strategic plans. Local areas may plan hospital usage in a neighbouring area so close communication and co-operation is needed.

The strategic plan should ensure correlation with other local priorities, policy direction and improvement activity as outlined in, for instance:

- Local Outcome Improvement Plans
- children's services plans
- NHS health board delivery plans
- NHS health board and integration authority workforce plans
- housing and homelessness strategies
- NHS clinical strategies
- Alcohol and Drug Partnership plans
- community plans
- other local corporate plans

Under the terms of the Local Government in Scotland Act 2003 or, where applicable, the Public Finance and Accountability (Scotland) Act 2000, the implementation of the duty of [Best Value](#) applies to integration authorities. That duty is:

- to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance
- to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development

Other local plans may also require demonstration of Best Value in the collective use of local resources across partners. Integration authorities may wish to consider how they might contribute to these wider local planning processes, with opportunities to collaborate, identify cross-sectoral improvement, and create alignment with health and social care planning.

Public Sector Equality Duty (PSED)

The PSED Scottish Specific Duties requires IJBs to carry out Equality Impact Assessments (EIA) of their strategic plan, and to publish the results.

The PSED was created under section 149 of the Equality Act 2010. It requires IJBs, when carrying out their public functions, to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The 'relevant protected characteristics' referred to above are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The PSED also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination in employment.

The 'need to have due regard' should be understood broadly to embrace the full range of IJB activities, including the planning and oversight of service delivery.

The PSED is supported by requirements set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as amended. The purpose of the Specific Duties is to enable listed authorities (including IJBs) to better their performance of the PSED. The Specific Duties require each IJB to:

- report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review policies and practices (including EIA of strategic plans)
- consider award criteria and conditions in relation to public procurement

These [requirements](#) should be kept under review, as they may be revised over time.

It is important that IJB members are aware of, and consider, the PSED in how they set strategic direction, review performance and ensure good governance.

The EIA process should begin at the developmental stage of planning and continue through to implementation, with actual impacts on protected characteristic groups monitored thereafter.

Further information and [guidance](#) is available from the Equality and Human Rights Commission.

Children's rights

[Section 2 of the Children and Young People \(Scotland\) Act 2014](#) places a duty on a range of public authorities to report, 'as soon as practicable' after the end of each three year period, on the steps they have taken to secure better or further effect of the requirements of the United Nations Convention on the Rights of the Child (UNCRC) within their respective areas of responsibility. Work is also currently underway to support public bodies' readiness for new and enhanced duties under the UNCRC Incorporation (Scotland) Bill⁵.

The 'listed authorities', as currently drafted, includes any integration joint board to which functions in relation to persons under 18 years of age are delegated in pursuance of an integration scheme prepared under section 1 or 2 of the Public Bodies (Joint Working) (Scotland) Act 2014.

Integration authorities have an important role in planning and delivering services that support improved outcomes for children, young people and families and safeguard, support and promote their rights and wellbeing. This is key to embedding [getting it right for every child](#), ensuring local availability of [holistic family support](#), and driving local action necessary to help Scotland [#KeepThePromise](#).

3.2 Integration delivery principles (section 31)

The integration delivery principles are:

- that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users⁶,
- that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:
 - is integrated from the point of view of service-users
 - takes account of the particular needs of different service-users
 - takes account of the particular needs of service-users in different parts of the area in which the service is being provided
 - takes account of the particular characteristics and circumstances of different service-users
 - respects the rights of service-users
 - takes account of the dignity of service-users
 - takes account of the participation by service-users in the community in which service-users live
 - protects and improves the safety of service-users

⁵ The [UNCRC \(Incorporation\) \(Scotland\) Bill](#) is being amended to address the decision of the Supreme Court and will be resubmitted for the parliamentary reconsideration stage. Once the Bill has commenced, IJBs will have a duty to act compatibly with UNCRC requirements. This will include any IJB functions carried out under a contract or other arrangement.

⁶ This section of the guidance is directly quoting legislation. We recognise that language has evolved since the legislation was introduced.

- improves the quality of the service
- is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- best anticipates needs and prevents them arising
- makes the best use of the available facilities, people and other resources

The integration delivery principles must be taken into account in the preparation of a strategic plan and in the carrying out of functions included in integration arrangements. Integration authorities should also consider ways to demonstrate that the principles have been applied in the delivery of integrated services.

This is to ensure a focus on:

- integrated delivery – including consideration of the needs of different people who use services and different areas
- the dignity of people who use services
- the participation by people who use services in the community in which they live
- protecting and improving the safety of people who use services
- improving the quality of services local planning and leadership
- the anticipation and prevention of need
- the effective use of resources

The [Framework for Community Health and Social Care Integrated Services](#) can support integration authorities apply the principles in the planning and delivery of services.

Children’s services planning

As part of children’s services planning arrangements, set out in [part 3 of the Children and Young People \(Scotland\) Act 2014](#), various bodies including IJBs are included by the definition of ‘other service provider’. IJBs are required to consider the wellbeing of local children and young people in the planning and delivery of local services and support.

IJBs will have responsibility for ‘related services’, those which have an impact on child wellbeing but are not provided to children directly, such as services provided to a parent or carer as part of [holistic whole family support](#). In addition, where integrated, some IJBs will have responsibility for certain children’s services.

Local planning, resourcing and delivery of services should ensure young people experience a smooth transition when moving from children’s to adult services, as

well as considering the needs of care experienced young people, where certain entitlements⁷⁸⁹ extend to age 26.

Self-Directed Support

Introduced under the Social Care (Self-Directed Support) (Scotland) Act 2013, self-directed support is the primary delivery mechanism of social care support in Scotland. It puts people at the centre of their support by placing a duty on those who deliver it to involve, collaborate with, and support recipients of care to make informed choices.

More information is available in the [statutory guidance on implementing self-directed support](#).

3.3 Establishment of a Strategic Planning Group and wider engagement (section 32)

Integration authorities must establish a Strategic Planning Group for the purposes of preparing the strategic plan.

Depending on the model of integration chosen, the group must involve members nominated by the local authority or the health board, or both. This allows the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic plan.

In addition, the integration authority is required to involve a range of relevant stakeholders. These groups must include representatives of groups prescribed by the Scottish Ministers in regulations¹⁰ as having an interest. These are:

- users of health care¹¹
- carers of users of health care
- commercial providers of health care
- non-commercial providers of health care
- health professionals¹²

⁷ [Statutory guidance on part 9 \(Corporate Parenting\) of the Children and Young People \(Scotland\) Act 2014](#)

⁸ [Statutory guidance on part 10 \(Aftercare\) of the Children and Young People \(Scotland\) Act 2014](#)

⁹ [Statutory guidance on part 11 \(Continuing Care\) of the Children and Young People \(Scotland\) Act 2014](#)

¹⁰ Prescribed by [The Public Bodies \(Joint Working\) \(Prescribed Consultees\) \(Scotland\) Regulations 2014](#)

¹¹ This section of the guidance is directly quoting legislation. We recognise that language has evolved since the legislation was introduced.

¹² The Public Bodies (Joint working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014 provides a description of health and social care professionals. See [Annex D](#) for more detail.

- social care professionals¹³
- users of social care
- carers of users of social care
- commercial providers of social care
- non-commercial providers of social care
- non-commercial providers of social housing
- third sector bodies carrying out activities related to health or social care

The integration authority can include other persons it considers appropriate. The integration authority is to determine the number of members in its Strategic Planning Group and the process for the appointment, replacement and removal of members. The 2014 Act allows the integration authority to:

- appoint members of the Strategic Planning Group from persons nominated
- remove appointed persons from membership of the group in circumstances it considers appropriate
- appoint members in place of members who resign or are removed from membership of the group

The 2014 Act also provides for members nominated by the local authority and/or health board to be removed from the Strategic Planning Group by the body which nominated them, and replaced with a different nominee. Furthermore, a member of the Strategic Planning Group can resign at any time.

The views of localities must be taken into account with the integration authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Local flexibility is allowed, so that an individual can represent more than one locality. The validity of decisions made by a Strategic Planning Group is not affected by any vacancy in its membership. The integration authority is to determine the procedure of the group, and may pay members of the group expenses and allowances. It will be up to each integration authority to decide how the group should operate.

While integration authorities are expected to make best use of established local lived experience (including disabled people's organisations), carers' and advocacy groups, they should not be constrained by a traditional working group approach. Rather, they may wish to introduce innovation in respect of networks and in-roads to community engagement. There may also be useful opportunities to draw on local participation and engagement networks of children, young people and families through local children's service planning partners.

Commissioning is crucially about establishing a mature relationship between different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the population. Providers will bring knowledge and experience of their services and the outcomes they are delivering. Every partner has a role to play in commissioning, and that is why it is important that

¹³ The Public Bodies (Joint working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014 provides a description of health and social care professionals. See [Annex D](#) for more detail.

local arrangements promote mature relationships and constructive dialogue. Those involved in the commissioning process will be required to work with a range of partners including the independent and third sector, along with people who use services and their carers to build and implement commissioning priorities. Clinicians, social workers, community learning development officers, housing officers and care professionals in localities also play a key role in ensuring that local needs are understood, and that they inform the overall priorities. They are key to the delivery of improvements in services and support, and in ways of working on the scale that is envisaged in strategic plans.

It is vital that the full extent of the third sector's knowledge, expertise, and information, both in relation to communities and the sector itself, is brought to bear upon commissioning and locality planning in order to achieve the outcomes of health and social care integration. This will require all parties to work with trust and mutual respect.

Third sector interfaces (TSIs) provide a coherent and cohesive voice for local organisations in each of Scotland's 32 local authority areas. They are a key point of intelligence on local third sector organisations and are positioned to identify third sectors issues and perspectives that can feed into both local and national policy. See the [TSI contact details](#).

The housing sector makes a very significant contribution to national outcomes on health and social wellbeing by:

- undertaking effective strategic housing planning
- providing information, advice and advocacy on housing options
- facilitating, or directly providing suitable housing
- providing preventative services such as adaptations and housing support which can obviate or reduce the need for more expensive interventions at a later stage
- building capacity in local communities
- facilitating or providing social care services at home

The integration of adult health and social care has provided opportunities to strengthen the connections between housing and health and social care, to improve alignment of commissioning, to support the shift to prevention, and to incorporate (and if necessary review) arrangements for housing support and homelessness services.

Support, expenses and remuneration

Integration authorities should provide appropriate levels of support to the people participating in their planning activities. Support may include:

- ensuring documents and papers are as accessible as possible, with consideration of the time provided for people to read papers
- flexibility in the ways that people can engage

- ensuring accessibility needs are met, such as interpreters and accessible meeting venues
- engaging on the best methods of communicating, organising and scheduling meetings
- hosting induction and training sessions to help people participate

These measures will ensure that different groups are able to contribute as fully as possible, which will mean strategic plans take into account a broad range of perspectives and are, in turn, more robust.

Expense and remuneration policies and related guidance should be clearly communicated to those participating in integration authority governance activities, including participation in the production of a strategic plan. It may be useful to outline guidance during introductory and/or induction sessions.

The [Carers Collaborative](#) is a group for carer representatives on IJBs in Scotland. Drawing on their experience as carers, the Carers Collaborative has developed a range of resources, including [a template expense policy](#), which can be used and adapted by integration authorities.

The role of housing in integration

A [housing advice note](#) was published in 2015, which outlines the role of housing in the integration of health and social care and provides guidance on linking strategic plans and local housing strategies. This includes detail on the requirement for a housing contribution statement to form part of the strategic plan.

The [Local Housing Strategy: guidance](#) encourages local authorities to recognise the influence housing has on health inequalities and further details how planning activity should align.

In 2021, HIS [reviewed how integration authorities approached incorporating housing contribution statements into strategic plans](#). Learning from this analysis suggests that improvements can be made by:

- increasing accessibility and understanding of the Housing Contribution Statements
- further embedding links between housing and the national health and wellbeing outcomes
- strengthening participation of tenants and residents in the development of plans
- greater evidence sharing across housing and health and social care
- clearly articulating housing challenges, improvements and priorities
- expanding on how the needs of particular groups are met

National strategies and wider planning requirements also continue to outline the importance and recognise the necessity of further embedding links between housing, health and social care. The Scottish Government's [Housing to 2040](#) sets out a vision for housing in Scotland to 2040 and a route map to get there. The [Ending](#)

[Homelessness Together Action Plan](#) details cross-sectoral action to end homelessness. [Children's services planning duties](#) include consultation with social landlords, and can include a requirement to set out how housing will contribute to keeping children safe and healthy.

The commitments in these plans underscore the importance of developing integrated, holistic services that draw upon close alignment between the health, social care and housing sectors.

3.4 Preparation of strategic plan (section 33)

The Strategic Planning Group is required under the 2014 Act to be involved in the development of the strategic plan, assuring the group's engagement in the process from the start.

The key stages are as follows:

1. The integration authority is required to prepare proposals about matters the strategic plan should contain, and seek the views of the Strategic Planning Group on the proposals in order to prepare a first draft of the strategic plan, taking into account the views of the group expressed during the consultation.
2. The integration authority must then seek the views of the Strategic Planning Group on the draft.
3. Taking into consideration the views in response to the consultation on the first draft, the integration authority is required to prepare a second draft of the strategic plan and send a copy of it for comment to the local authority and the health board, as well as representatives of groups prescribed by the Scottish Ministers¹⁴ and any other persons as the integration authority considers appropriate.

It is imperative that the integration authority shares the draft strategic plan widely and accessibly with those who have an interest in the delivery or receipt of health and social care support within the geographic boundaries of the integration authority. The integration planning principles state that services should be 'planned and led locally in a way which is engaged with the community'¹⁵, including those who provide care and those who are involved in the provision of health and social care support.

Wide and diverse engagement will ensure that the strategic plan is not simply controlled by the small number of people on the Strategic Planning Group but rather a shared responsibility by the population that will be affected by its findings. For example, this would include the involvement and engagement of existing representative forums, such as joint planning groups, children's services planning partnerships, advocacy organisations, lived experience led organisations (such as disabled people's organisations), locality planning groups and those involved in local

¹⁴ As defined by the [Public Bodies \(Joint Working\) \(Prescribed Consultees\) \(Scotland\) Regulations 2014](#) and listed under [section 3.3](#).

¹⁵ [Planning and delivering integrated health and social care: guidance](#), December 2015

community planning. Where possible, effort should be made to identify links to wider planned engagement, in order to streamline and reduce duplication.

Under [the Community Empowerment Act \(Scotland\) 2015](#), IJBs also have responsibilities for working with local communities to plan and deliver better services which make a real difference to people's lives. IJBs should consider the links between these responsibilities and their engagement in the production of a strategic plan, and take into account the views, ambitions and priorities of Community Planning Partnerships.

It is important that the integration authority develops an agreed communication and engagement plan at an early stage. Consultation can take place in a variety of ways - written information, public meetings, focus groups, questionnaires and online and interactive discussion forums. Integration authorities should make best efforts to allow groups of people with an interest to participate in a consultation process in order to express an opinion on the draft strategic plan and consider practices to engage underrepresented groups.

This will ensure that any other parties with an interest will have an opportunity to fully understand the direction of travel and to comment on the draft plan. The integration authority is duty bound to take into account the views obtained through consultation on the second draft of the strategic plan when finalising the strategic plan.

To ensure proportionality, the integration authority should consult with people that they can reasonably expect to recognise as representatives of these groups. Integration authorities should consider various methods in engaging their target audience.

Community engagement and participation guidance

[Planning with People](#) supports public bodies that plan and deliver health and social care services in Scotland, including integration authorities, to effectively undertake community engagement and participation.

Effective community engagement and the active participation of people is essential to ensure that Scotland's care services are fit for purpose and lead to better outcomes for people.

The guidance, which is co-owned by the Scottish Government and the Convention of Scottish Local Authorities (COSLA), outlines statutory requirements for public bodies, presents information on community engagement, and promotes good practice.

In addition, HIS has produced operational examples of engaging with communities, including a [checklist for involving people with lived experience in service design](#).

3.5 Provision of information to prepare strategic plan (section 34)

Health boards and local authorities have a duty to share information with the integration joint board for the purpose of preparing their strategic plan. Information must be shared if it is information which may be reasonably required for the purpose of preparing a strategic plan.

The integration authority should oversee the production of Joint Strategic Needs Assessments (JSNAs) to analyse the needs of local populations and to inform and guide the commissioning of health, wellbeing and social care services within their area. The main goal of a JSNA is to accurately assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities.

As stated previously, public support will be vital in taking any redesign forward. It is important that stakeholders have been fully involved in the process, from the start, and not presented with a conclusion. Integration authorities will want to have an agreed and transparent option appraisal process in place, especially to underpin major investment and disinvestment decisions.

Joint Strategic Needs Assessments

Public Health Scotland has [guidance on undertaking a Joint Strategic Needs Assessment](#). This includes prompts on what to consider in the design of a needs assessments, consideration in structuring and defining the scope, and examples of completed assessments.

In assessing local need and producing their strategic plans, integration authorities should consider measures to tackle inequalities. This should take into account the ambitions of national plans such as the [Race Equality Immediate Priorities Plan](#), which addresses racialised health inequalities in health and social care, and the [Women's Health Plan](#), which aims to reduce inequalities in health outcomes for women and girls.

Integration authorities should consider opportunities for Joint Strategic Needs Assessments to act as a collaborative, local resource between partners, such as health boards, local authorities and service providers. This includes alignment with other local Joint Strategic Needs Assessments that may be under development.

[The Local Intelligence Support Team \(LIST\)](#), who provide on-site expert analytical advice to integration authorities, can support meaningful and actionable use of intelligence, including Joint Strategic Needs Assessments.

Using data

In addition to the national health and wellbeing outcomes and related indicators, wider forms of data may also helpfully allow integration authorities to establish and evaluate the vision and priorities set out in their strategic plans.

There are a number of published data sets and resources that may assist in the production of strategic plans. While not an exhaustive list, some of these are listed below:

- [Core Wellbeing Indicator Set \(Children and Young People's Outcomes Framework\)](#) – Scottish Government
- [Core Suite of Integration Indicators](#) – Public Health Scotland
- [Equality Evidence Finder](#) – Scottish Government
- [Health and Social Care Analysis Statistics](#) – Scottish Government
- [Insights in Social Care: Statistics for Scotland](#) – Public Health Scotland
- [Local Government Benchmarking Framework](#) – Improvement Service
- [Overview of Poverty](#) – Public Health Scotland
- [Scottish Health Survey](#) – Scottish Government
- [Scottish Index of Multiple Deprivation](#) – Scottish Government
- [Scottish Social Services Workforce Data](#) – Scottish Social Services Council
- [ScotPHO profiles tool](#) – Scottish Public Health Observatory

What good looks like

Good strategic planning ensures that decisions are informed by data from the statutory, third and independent sectors as well as from community, staff and user engagement. To do this, the HIS [Good Practice Framework for Strategic Planning](#) advocates for:

- measuring what matters, not just what is available
- focusing on defined populations and their needs and not on conditions, services or pathways
- clearly identifying and including data on felt, comparative, normative and expressed need
- including data on what the system feels like to the people who use it
- seeking to understand what is driving population behaviour
- identifying the service level and performance of all current services providers from all sectors

3.6 Publication of strategic plans (section 35)

Integration authorities have a duty to publish their strategic plans. This can be done in a variety of formats but it will be expected, as a minimum, that these will be made available online. These must be published as soon as practicable after the plan has

been finalised. The integration authority must also publish a statement at the same time it publishes its strategic plan, which describes the consultation it undertook.

In addition to the publication of the strategic plan, the [financial statement](#), an [equality impact assessment](#), other relevant impact assessments, and the description of the consultation, integration authorities should also consider an implementation plan, or set of implementation plans, outlining how the strategic plan will be delivered. This could include a procurement plan providing specific detail to direct those responsible for contracting services.

A Market Facilitation Plan should be prepared to complement the strategic plan and support its delivery. A Market Facilitation Plan outlines the approach and provides detail on how integration authorities will engage with the existing and prospective market in order to work together with agencies to put the right services and support in place. Based on a shared understanding of need and demand, market facilitation is the process by which all partners ensure there is sufficient, appropriate range of provision to meet needs and deliver effective outcomes. In December 2021, a [Scottish Procurement Policy Note](#) was issued, which was co-designed with key stakeholders, to advise public bodies on steps they can take to embed ethical commissioning and procurement principles into their local practices.

Accessibility

Strategic plans should be accessible to a range of different groups, including supported people, those working in health and social care, wider partners, and the broader local community.

Integration authorities are therefore encouraged to consider whether they need to publish an overarching, easy read plan alongside their strategic plan. Easy read documents should be published online, alongside strategic plans, in a visible, accessible location.

Integration authorities should also consider the demographics of their local area and, where possible, recognise and support local cultural identity and diversity. This could include providing translations of strategic plans into languages used by local communities and consideration of language needs in the delivery of services, including Gaelic.

Integration authorities may also wish to consider using diverse forms of publication and engagement to summarise key elements of their plans in an accessible way, such as through diagrams, videos, or other forms of media. The publication of a strategic plan could be promoted through launch events, dialogue with key partners, or other forms of engagement with local communities.

The [Health and Social Care Scotland website](#) hosts key documents from all of Scotland's integration authorities, including strategic plans and performance reports. This should be kept up to date.

Directions

Section 26 to 28 of the 2014 Act outlines binding directions from the integration authority to a health board and/or local authority. These powers are the mechanism used to action strategic plans.

Directions are the means by which an integration authority tells the health board and local authority what is to be delivered using the integrated budget and for the integration authority to improve the quality and sustainability of care and support, as outlined in its strategic plan.

In the case of an IJB, a direction must be given in respect of every function that has been delegated to the IJB. In a lead agency arrangement, the integration authority may issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that.

Read more in the [guidance on directions](#).

3.7 Significant decisions outside of strategic plan: public involvement (section 36)

Where an integration authority plans on making a decision that would have a significant effect on the provision of an integrated service, beyond the context of the strategic planning cycle, it must seek and have regard to the views of its Strategic Planning Group and take appropriate action to involve and consult the people who use, or may use, the service.

3.8 Review of strategic plan (section 37)

An integration authority is required to review its strategic plan at least every three years, and may carry out additional reviews from time to time. In carrying out a review of the strategic plan, integration authorities must consider:

- the national health and wellbeing outcomes
- the integration delivery principles
- the views of the Strategic Planning Group

There should be a clear recording and measurement framework so that there is an ongoing process to assess whether aims are being achieved. Arrangements should also be put in place so that any information relating to risks or significant changes in trends that emerge from the ongoing JSNA process can be considered and responded to timeously by the integration authority, at any time during the strategic planning cycle.

The health board and local authority are required to provide the integration authority with the information that is reasonably required to carry out the review of the

strategic plan. Integration authorities may also wish to refer to the core suite of integration indicators when reviewing their plan, in order to identify areas for improvement. A review may result in the integration authority making any necessary changes by replacing its strategic plan. Flexibility is provided for integration authorities to determine the further details of the review process they use.

A strategic plan which is prepared following a review must specify the date on which it takes effect. In preparing a replacement plan, integration authorities must fulfil the statutory requirements for producing a plan, as detailed throughout this guidance.

What good looks like

Good strategic planning ensures that information, evidence and plans are regularly reviewed and performance is measured. To do this, the HIS [Good Practice Framework for Strategic Planning](#) advocates for:

- establishing performance measures at the outset
- actively involving supported people and carers in the monitoring of services
- constantly reinventing and stimulating the strategic dialogue – avoiding repeating the same planning processes
- honestly and openly identifying and addressing where there have been barriers or unintended consequences
- having a variety of mechanisms to ensure that learning is spread throughout the partnership and communities of practice

3.9 Requirements on Integration Joint Boards to prepare replacement strategic plan (section 38)

The 2014 Act provides for the local authority and the health board, acting jointly, to direct the IJB to prepare a replacement strategic plan where they both agree the strategic plan prohibits them from carrying out any of their functions or is likely to do so. A direction from both the local authority and the health board requiring the replacement of the strategic plan is binding on the integration authority. In preparing a replacement plan, IJBs must fulfil the statutory requirements for producing a plan, as detailed throughout this guidance.

3.10 Financial planning and annual financial statement (section 39)

The integration authority should draw links between its strategic plan and medium term financial plan, demonstrating how the financial resources available to it will be applied to achieve the outcomes set out in the strategic plan. Further detail on the content of medium term financial plans is available in the [finance guidance](#).

Similarly, workforce planning is a key element in delivering the ambitions set out in strategic plans. Therefore, integration authorities should also consider how workforce planning will enable delivery of its strategic plan.

The integration authority must publish an annual financial statement upon publication of its first strategic plan and each year after that. The financial statement must set out the total resources that the integration authority intends to allocate under the provisions of the strategic plan.

The [annual financial statement: advice note](#) provides detail on the production of an annual financial statement.

3.11 Scrutiny (sections 54 to 56)

Sections 54 to 56 of the Public Bodies (Joint Working) (Scotland) Act 2014 amend the Public Services Reform (Scotland) Act 2010 and The National Health Services (Scotland) Act 1978 to extend the remit of the Social Care and Social Work Improvement Scotland (also known as the Care Inspectorate) and HIS to inspect the planning, organisation or co-ordination of the services that health boards and local authorities delegate, as set out within their Integration Schemes, to integration authorities.

These amendments set out the purpose of these inspections that can include:

- reviewing and evaluating the extent to which integrated services are complying with the integration planning and delivery principles and contributing to achieving the national health and wellbeing outcomes
- reviewing and evaluating the extent to which the planning, organisation or co-ordination of integrated services (being social services, services provided under the health service and services provided by an independent healthcare service) are complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes.
- reviewing and evaluating the effectiveness of a strategic plan prepared under section 29 of the 2014 Act in complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes
- encouraging improvement in the extent to which implementation of a strategic plan prepared under section 29 of the 2014 Act complies with the integration delivery principles and contributes to achieving the national health and wellbeing outcomes
- enabling consideration of the need for any recommendations to be prepared as to any such improvement to be included in the inspection report

Healthcare Improvement Scotland and the Care Inspectorate are able to inspect health and social care services for the purpose of reviewing and evaluating how the planning and provision of services is contributing to the achievement of the outcomes. Alongside this, they are able to encourage improvements and make recommendations in relation to the implementation of strategic plans in order to contribute to achieving the outcomes (sections 54 and 55 of the 2014 Act).

The outcomes apply to all integration authorities, and to all persons carrying out integration functions. By reference to the outcomes, the effect of integrated health and care services on the health and wellbeing of individuals can be measured.

Section 56 of the 2014 Act states that Healthcare Improvement Scotland and the Care Inspectorate may jointly conduct an investigation into a service provided under an integration scheme and also a local authority, health board or integration joint board in relation to a strategic plan.

4. Monitoring performance (section 42)

Section 42 of the 2014 Act outlines that integration authorities must produce an annual performance report that sets out an assessment of performance in planning and carrying out integration functions for the reporting year.

While there is a great degree of flexibility in how integration authorities may present their annual performance report, a number of key aspects must be covered. Performance must be assessed in the context of the arrangement set out in the integration authority's strategic plan and financial statement. The annual performance report must relate to the national health and wellbeing outcomes. Performance should be monitored against the core suite of integration indicators. Integration authorities may wish to take these requirements into account when compiling their strategic plan to ensure the two documents are clearly and effectively aligned.

Further detail on annual reporting requirements is set out in the [statutory guidance on performance reporting](#).

Reflecting on performance

To ensure appropriate performance monitoring against strategic plans, integration authorities should take into account the performance reporting requirements and statutory guidance early in the formation of their strategic plan's vision and priorities.

A key aim of performance reporting is for integration authorities to reflect and use findings in a proactive way.

Integration authorities should consider their performance against the ambitions communicated in their strategic plans and use insight and learning to inform future strategic direction, service design, and delivery in a meaningful way.

ANNEX A: Wider planning duties

Alcohol and Drug Partnerships

Scotland's 30 Alcohol and Drug Partnerships (ADPs) bring together local partners, including health boards, local authorities, police, voluntary agencies and those from the local community with lived and living experience. They are responsible for commissioning and developing local strategies, which direct constituent local partners, to support those individuals, families, and communities affected by the use of alcohol and drugs and promote recovery, based on an assessment of local needs.

It should be noted that, whilst ADPs are tasked with developing multi-agency/partnership planning, both integration authorities and health boards retain duties for provision of certain statutory services, and so their strategic planning should reflect their actions as partners under wider ADP plans.

Alcohol and Drug Partnership [contact details](#) are published online. Read more in the [Alcohol and Drug Partnerships: delivery framework](#).

Carers

Section 31 of the Carers (Scotland) Act 2016 requires each local authority and relevant health board to prepare a local carer strategy.

The duty under section 31 applies to local authorities and relevant health boards but can be delegated to IJBs under the Public Bodies (Joint Working) (Prescribed Local Authority Functions Etc.) (Scotland) Amendment (No. 2) Regulations 2017 and the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017. In the case of a local authority, the duty must be delegated insofar as it is exercisable in relation to persons aged 18 or over.

Read more in the [Carers \(Scotland\) Act 2016: statutory guidance](#).

Children's services

[Part 3 \(Children's Services Planning\) of the Children and Young People \(Scotland\) 2014 Act](#) sets out the legal framework for children's services planning, which requires each local authority and health board to work in partnership with other public bodies and third sector organisations to exercise a range of functions conferred by Part 3. Integration Joint Boards have duties under Part 3 as a specified 'other service provider'.

Each area's Children's Services Plan includes consideration of services for children, and also 'related services.' Related services include adult services provided to parents/carers (such as [drug and alcohol support](#), care management, social work/care) which also have an impact on child wellbeing. This is fundamental to ensuring local availability of [holistic whole family support](#), as well as to support

smooth transitions for young people as they move from receipt of children's services to adult services.

A Children's Services Plan should be prepared with a view to securing the achievement of aims to improve outcomes for babies, children, young people and families across Scotland by requiring local planning and delivery of services to:

- be integrated
- to safeguard, support and promote wellbeing (Safe Healthy Active, Nurtured, Achieving, Respected, Responsible, Included)
- focus on securing quality and value
- promote early intervention, and where possible, preventative approaches.

The focus of each area's Children's Services Plan is on securing a joined-up approach between local partner as one of the foundations of [getting it right for every child](#), and as a key pillar of the Scottish Government's public service reform programme, including [action to tackle child poverty](#) and Keep The Promise, This requires collaboration at every level (strategic, operational, frontline practice) across public and third sector providers to ensure resilient and cohesive workforce arrangements.

Children's Services Planning involves a number of key tasks over each three-year cycle with opportunities to align development of the integration authority strategic plan. These include:

- Mapping existing provision
- Joint Strategic Needs Assessment
- Community engagement
- Planning services (making best use of collective assets, workforce, budgets)
- Identifying improvement activity
- Reporting on progress, and use of data to demonstrate impact

Read more in the [Children and Young People \(Scotland\) Act 2014: Statutory Guidance on Part 3: Children's Services Planning](#).

Community justice

The preparation of Community Justice Outcomes Improvement Plans and reports on performance in relation to community justice outcomes for each local authority area in Scotland is required under sections 19-23 of the Community Justice (Scotland) Act 2016 ('the 2016 Act').

By virtue of section 24 of that Act, community justice partners for the area of a local authority must have regard to guidance issued by the Scottish Ministers about the exercise of their functions under sections 19-23.

Statutory guidance to support the community justice partners to understand their roles arising from the Community Justice (Scotland) Act 2016 is contained within

chapter 6 of the [Guidance for Local Partners in the New Model for Community Justice](#).

It is intended for this statutory guidance to be refreshed following the publication of the revised [Community Justice Performance Framework](#) (as per section 17 of the 2016 Act) on 31 March 2023.

Community planning

IJBs are community planning partners under the Community Empowerment (Scotland) Act 2015.

Community Planning Partnerships are required to prepare local outcomes improvement plans (LOIP), publish locality plans, and report on progress towards their LOIP and locality plans.

Read more in the [Community Empowerment \(Scotland\) Act 2015, part 2 Community Planning: guidance](#).

Equality

Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty, known as the General Duty, which applies to all public bodies, including IJBs.

IJBs are also subject to [the Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#) and [2015](#), which set out specific requirements to assist them in fulfilling the General Duty.

Information and guidance on the Public Sector Equality Duty and Scotland Specific Duties is available from the [Equality and Human Rights Commission website](#).

Health

Health board planning requirements, and related guidance, are primarily communicated directly to health boards through letters from the Scottish Government. These include annual delivery plans, workforce plans, and medium term plans.

The requirement for three-year workforce plans also extends to integration authorities.

Housing

Guidance outlining responsibilities to involve housing services in the integration of health and social care focusses on housing services as an integral part of person-centred approaches and the wider delivery of health and social care integration. It

especially applies to the preparation of integration authorities' strategic plans, which must include a housing contribution statement.

Read more in the [Housing services and integrated health and social care: housing advice note](#).

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to produce a Local Housing Strategy that sets out its strategy, priorities and plans for the delivery of housing and related services.

When preparing a Local Housing Strategy, local authorities are expected to engage with integration authorities. In guidance published to support local authorities with preparing Local Housing Strategies, it states that a Local Housing Strategy should include a summary of the shared outcomes and priorities contained within a Housing Contribution Statement and to set out what support services have been delegated to the integration authority to deliver and which are the responsibility of the local authority.

Read more in the [Local housing strategy: guidance](#).

ANNEX B: National health and wellbeing outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or 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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

ANNEX C: Checklist in preparing a strategic plan

This checklist is intended as a high-level guide to assist integration authorities produce their strategic plan.

It does not represent an exhaustive list of required activities. Integration authorities are expected to build upon and tailor the checklist to their local needs and take into account the information presented throughout the rest of this guidance.

Consider timelines of all planning activities to ensure that the review process and/or production of a new plan is completed within appropriate timeframes	
Complete an equality impact assessment, and other relevant impact assessments, ready to publish alongside the strategic plan	
Complete and/or use joint strategic needs assessment output in the formation of the strategic plan	
Complete and/or used market facilitation plan output in the formation of the strategic plan	
Ensure strategic plan meets the content requirements	
Consider the application of the Framework for Community Health and Social Care Integrated Services	
Consider the application of the HIS Good Practice Framework for Strategic Planning	
Form appropriate links between strategic plan and medium term financial plan	
Discuss and form appropriate links between strategic plan and other local plans (e.g. health, housing, justice, children's services, and others)	
Complete the housing contribution statement	
Engage and take into consideration feedback from the Strategic Planning Group	
Complete wider engagement, beyond the Strategic Planning Group, including linking into existing local forums and across policy boundaries	
Consider producing an implementation plan, or set of implementation plans, outlining how the strategic plan will be delivered	
Produce an annual financial statement, ready to publish alongside the strategic plan	

Produce a consultation statement, ready to publish alongside the strategic plan	
Produce an easy read version of the strategic plan	
Consider publication approach (range of publication formats, potential launch events or presentations, promotion strategy, etc.)	
Consider the means of monitoring the impact of the strategic plan via annual performance reports	

ANNEX D: Definition of health and social care professionals

The Public Bodies (Joint working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014 provides a description of health and social care professionals.

Health Professionals are anyone who is included in the:

- Register of medical practitioners kept by the registrar of the General Medical Council
- Dentists register or dental care professionals register kept by the General Dental Council
- Register of optometrists, the register of dispensing opticians, the register of visiting optometrist or the register of visiting dispensing opticians kept by the General Optical Council
- Register of osteopaths kept by the General Osteopathic Council
- Register of chiropractors kept by the General Chiropractic Council
- Parts 1 or 4 (pharmacists) or Parts 2 or 5 (pharmacy technicians) of the register maintained by the General Pharmaceutical Council
- Register of qualified nurses and midwives kept by the Nursing and Midwifery Council
- Register of member of relevant professionals kept by the Health and Care Professions Council

Social Care Professionals are:

- a person who is included in the register of social workers and social service workers kept by the Scottish Social Services Council,
- a person who would be included in the SSSC register but is excluded by virtue of being a member of a professional body listed in Article 3 of the Regulation of Care (Social Service Workers) (Scotland) Order 2005; or
- a person who is engaged in the provision of care or support to users of social care services which are provided under the integrated arrangements

Glossary of key terms

Core suite of integration indicators

Indicators collated by Public Health Scotland, which are intended to measure performance against the national health and wellbeing outcomes

Integration authority

General term that encompasses both models of integration under the 2014 Act

Integration joint board

One of two possible models for forming an integration authority. Functions and resources are delegated by the health board and local authority to a body corporate

Lead agency model

One of two possible models for forming an integration authority. Functions and resources are delegated between the health board and local authority

Locality

A smaller area within the borders of an integration authority, used as an organisational mechanism for local leadership of service planning to feed into an integration authority's strategic plan

National health and wellbeing outcomes

A set of outcomes, defined by regulations under the 2014 Act, which provide a national framework for measuring the impact of integrated health and social care on the health and wellbeing of individuals

Commissioning

The term used for all the activities involved in assessing and forecasting needs. It links investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place

Procurement

The process of buying goods, works and services from external suppliers. Commissioning provides the context for procurement and contracting to take place

Responding to this Consultation

We are inviting responses to this consultation by Friday, 27 October 2023.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at <https://consult.gov.scot/integration-and-reshaping-care-division/planning-and-reporting-guidance>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of Friday, 27 October 2023.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

integration@gov.scot

Integration Governance and Evidence
Scottish Government
St. Andrew's House
Regent Road
Edinburgh
EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: <https://www.gov.scot/privacy/>

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or integration@gov.scot.

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Respondent Information Form

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:

<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual
- Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email Address

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
- Publish response only (without name)
- Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
- No

Definitions of key terms

Integration authority – A general term that encompasses both models of integration (lead agency and integration joint board) under the 2014 Act

Social care – An umbrella term for the services that directly support people to meet their personal outcomes

Public Bodies (Joint Working) (Scotland) Act 2014 – The Act put in place the framework for integrating health and social care by establishing integration authorities

Regulations – A form of secondary legislation. Regulations support the Public Bodies (Joint Working) (Scotland) Act 2014 by providing more information on how integration authorities should produce their strategic plans and annual performance reports

Questionnaire

Please read the draft Strategic plans: statutory guidance and answer the questions below.

The guidance attempts to balance summarising the relevant statutory requirements in the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations with information to support integration authorities meet these requirements. It does this by setting out wider supporting information in boxes throughout related sections of the guidance.

Question 1: Do you agree that presenting supporting information in boxes throughout the guidance is a useful structure?

- Strongly agree
- Mostly agree
- Neither agree nor disagree
- Mostly disagree
- Strongly disagree

Question 2: If you have any further thoughts or suggestions on how the structure of the guidance can be improved, please tell us here.

Question 3: Do you agree that there is an appropriate balance between information summarising the relevant statutory requirements in the Public Bodies (Joint Working) (Scotland) Act 2014 and wider information to support integration authorities meet these requirements?

- Strongly agree
- Mostly agree
- Neither agree nor disagree
- Mostly disagree
- Strongly disagree

Question 4: If you do not think that the balance of information in the guidance is appropriate, please tell us here what changes you would recommend and why.

Question 5: If you have any suggestions on information that can be improved or is potentially missing from the guidance, please tell us here.

Question 6: If there is anything else you'd like to feedback about the guidance, please tell us here.



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