The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Tuesday 28 January 2014

Session 4

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HEALTH AND SPORT COMMITTEE
3rd Meeting 2014, Session 4

CONVENER

*Duncan McNeil (Greenock and Inverclyde) (Lab)

DEPUTY CONVENER

*Bob Doris (Glasgow) (SNP)

COMMITTEE MEMBERS

*Aileen Campbell (Clydesdale)
*Rhoda Grant (Highlands and Islands) (Lab)
*Colin Keir (Edinburgh Western) (SNP)
*Richard Lyle (Central Scotland) (SNP)
*Aileen McLeod (South Scotland) (SNP)
*Nanette Milne (North East Scotland) (Con)
Gil Paterson (Clydebank and Milngavie) (SNP)
Dr Richard Simpson (Mid Scotland and Fife) (Lab)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab) (Committee Substitute)
Alex Neil (Cabinet Secretary for Health and Wellbeing)
Dennis Robertson (Aberdeenshire West) (SNP) (Committee Substitute)

CLERK TO THE COMMITTEE

Eugene Windsor

LOCATION

Committee Room 4

Scottish Parliament

Health and Sport Committee

Tuesday 28 January 2014

[The Convener *opened the meeting at 09:45*]

Public Bodies (Joint Working) (Scotland) Bill: Stage 2

The Convener (Duncan McNeil): Good morning and welcome to the third meeting in 2014 of the Health and Sport Committee. As usual, I ask everyone in the room to switch off mobile phones, BlackBerrys and other wireless devices, although I ask you to note that some members and officials are using tablet devices instead of hard copies of their papers.

I have apologies from Richard Simpson and Gil Paterson. Malcolm Chisholm joins us once again as the Labour substitute, and I also welcome Dennis Robertson as the Scottish National Party's substitute.

The first item on the agenda is the second day of stage 2 of the Public Bodies (Joint Working) (Scotland) Bill. Members should have copies of the bill, the marshalled list of amendments and the groupings. We will pick up where we left off last week, which was at the end of section 23. I am confident that we can get to the end of stage 2 today. I welcome back to the committee the Cabinet Secretary for Health and Wellbeing, Alex Neil, and his officials.

Section 24—Considerations in preparing strategic plan

The Convener: Amendment 95, in the name of the cabinet secretary, is grouped with amendments 221, 96, 222 and 239.

The Cabinet Secretary for Health and Wellbeing (Alex Neil): Good morning.

Section 24 of the bill requires the integration authorities to take account of the integration delivery principles and the national health and wellbeing outcomes in preparing a strategic plan. Rhoda Grant's amendment 221 seeks to add community planning outcomes to that list.

As I stated to the committee on day 1 of stage 2, the Government intends to introduce a community empowerment and renewal bill that will include integration authorities, along with health boards, local authorities and others, as bodies that must participate in community planning. A requirement to include integration authorities in community planning itself is a much stronger way to ensure the proper place of integrated health and social care in community planning than referring to community planning outcomes, which do not at present exist in law.

Rhoda Grant inquired on day 1 about the timing of the proposed community empowerment and renewal bill with regard to the bill that is before us today. The Government intends to introduce the community empowerment bill in the current parliamentary year. The exact timetable for the bill's progress after its introduction will of course be a matter for the parliamentary authorities, but the Government intends that the requirements should apply to community planning partners from approximately April 2015.

That timescale fits well with our timescale for integration, as health boards and local authorities are expected to establish their integration arrangements from April 2015. I therefore invite Rhoda Grant—as I did previously—to agree that the Scottish Government's position with regard to community planning and integration is stronger than her proposal, and I invite her not to move amendment 221.

I turn to amendments 95 and 96, which are in my name. The bill as introduced does not place any requirement on the integration authorities to take account of other strategic plans. That could allow issues to arise in relation to the cumulative effect of the use of services, facilities and resources that are used in common by more than one integration authority. Amendment 96 ensures that each integration authority, in preparing a strategic plan, takes account of any other strategic plan that has been or is being prepared where that plan sets out or proposes to set out arrangements for the use of services, facilities or resources that are used by another integration authority. Amendment 95 makes a drafting change to clarify that section 24 applies to the initial strategic plan and to subsequent strategic plans.

On amendments 222 and 239, in the name of Malcolm Chisholm, sections 24, 26 and 27 together provide robust mechanisms for the preparation of a strategic plan and for involving and consulting people in that. The persons who are to be involved will be set out in regulations and their views must be taken into account. There is therefore no need for additional provisions that would require the integration authority to take account of the views of specific individuals.

I, too, consider that professional oversight of the planning and delivery of integrated services is essential. The bill, regulations and guidance provide for that. Integration authorities will be required to put in place clinical and care governance arrangements via the integration scheme to monitor and improve the quality of care that is provided to service users. I intend to require the involvement of health and social care

professionals in integration joint boards, strategic planning groups, localities and integration joint monitoring committees, ensuring a strong voice for health and social care professionals at all stages of integration. I believe that that goes beyond the effect of Mr Chisholm's amendment.

I move amendment 95, and ask Rhoda Grant not to move amendment 221 and Malcolm Chisholm not to move amendments 222 and 239.

Rhoda Grant (Highlands and Islands) (Lab): I am grateful to the cabinet secretary for giving us that information and ensuring that there is no gap between the integration boards being set up and their involvement in community planning. Because of that, I will not move amendment 221.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I listened carefully to what the cabinet secretary said, but it does not seem to me that the proposed regulations that he referred to, or, indeed, the policy statements that he has issued, cover what has been included in the bill. For example, in the policy statement about the integration joint board, the Scottish Government proposed only that the clinical director of the national health service board would be afforded a non-voting seat on the integration joint board. Similarly, the associate medical director/clinical director is to be on the joint monitoring committee, and consultations on strategic planning, the integration plan and membership of the strategic planning group will include, vaguely, health and social care professionals

"who operate within the boundaries of the proposed integration authority".

As members will understand, most clinical directors with NHS boards are doctors, but the largest group of NHS clinicians who will be delivering care within the integrated arrangements will be nurses. Nurses and allied health professionals are mentioned explicitly just once in the Scottish Government's set of proposed regulations in the policy statement on localities. Once again, it seems that the significant strategic expertise and experience of senior clinical leads outwith the medical profession has been ignored. Each of the professions has expertise to share with those making difficult decisions. Each lead officer remains accountable for care that is delivered by their profession.

It seems to me that the bill does not say nearly enough about care quality governance, and focuses more on the pillars of general corporate governance in the new structures. Amendment 222 is intended to ensure that integration authorities are under a duty to seek, record and have due regard to the advice of professional leads from the parent bodies, who are experts at the issue that is at the heart of the reform agenda, which is the delivery of quality care services. It does not, of course, bind the integration authority to act on any professional advice that is given.

Although we appreciate that many partnerships will want to make such arrangements, even if such a duty is not included in the bill, primary legislation should set out the minimum expectations of any partnership, whether that partnership is functioning well or otherwise. The amendment will provide a minimum guarantee that those who are able to make professional judgments on the quality of care can support innovation and development, improve decision making and raise concerns where appropriate.

As recent cases have highlighted, when things go wrong in health or social care services, the consequences for individuals and families can be catastrophic. Regulated professionals such as nurses are, rightly, accountable for the care that they deliver to their clients and patients, as well as to their regulatory bodies, which can strip them of their career if they are found to fall short. That accountability holds from front-line practitioners to professional leads with strategic and governance responsibilities. Professionals take that accountability seriously, but structures must support them to discharge their responsibilities meaningfully. I do not, therefore, accept the cabinet secretary's view that his proposals go beyond what the amendment proposes—I would just say gently that saying that his amendment is better than someone else's amendment seems to be a recurring technique of the cabinet secretary in our discussions in committee. In my view, his proposals do not go nearly far enough in recognising the important place and contribution of all healthcare professionals, not just doctors.

It is important to mention specifically nurses and allied health professionals, as well as doctors and the chief social work officer. It is very important to name those key individuals in the bill. I shall certainly move amendment 222.

Alex Neil: I thank Rhoda Grant for saying that she will not move amendment 221. I reiterate the absolute undertaking on the Government's behalf that we will ensure that the community empowerment and renewal bill is synchronised with the Public Bodies (Joint Working) (Scotland) Bill.

As for Malcolm Chisholm's points, I say at the risk of being accused of using a repetitive technique in the committee that we are all trying to get to the same place, albeit by slightly different routes. As I made clear to the committee on day 1 of stage 2, all of what Mr Chisholm proposes will be provided for in secondary legislation and guidance. There is no dispute in principle about the need to have such professionals round the table and heavily involved at every level—board,

locality and strategic commissioning levels and so on. The only issue is about whether to put an exhaustive list in the bill.

I will give some perspective. In the medical world, the composition of any area clinical forum for any health board involves four broad categories of representation of clinicians. They are the acute sector—doctors, consultants, junior doctors and so on; general practitioners; the nursing profession; and the 11 allied health professions. It could be argued that, in theory, all 11 of those professions should be represented on a board. They should be included as is appropriate to the board level and the locality, but not all of them would necessarily be included in all structures at all times, as that would be a gross waste of manpower, of the professionals' time and of resources.

Our approach is to state a minimum representation at the board, so the clinical director must attend the board, as must the chief social work officer. However, that is not exclusive. If the partnership requires other people to attend, the partnership will have the power to force them to attend on a one-off basis or permanently. Similarly, the partnership will have a duty to involve all the relevant professionals at every level of decision making.

Mr Chisholm's one point that is worthy of further consideration is about whether the chief nursing officer in each board area should be included in the list that is in the bill. I am prepared to consider a stage 3 amendment to that effect. I accept his point, as 43 per cent of health service employees in Scotland are nurses and midwives.

On the other points, we are going much further than Mr Chisholm proposes, but we will do so through secondary legislation and guidance rather than through providing an exhaustive list in the bill, which would also carry the danger that primary legislation would be required to add anyone who was missed out or to change the provisions if professional structures changed, and primary legislation might be difficult to achieve. It is much more appropriate, flexible and comprehensive to proceed in the way that we propose.

Amendment 95 agreed to.

Amendment 221 not moved.

Amendment 96 moved—[Alex Neil]—and agreed to.

Section 24, as amended, agreed to.

After section 24

Amendment 222 moved—[Malcolm Chisholm].

10:00

The Convener: The question is, that amendment 222 be agreed to. Are we agreed?

Members: No.

The Convener: There will be a division.

For

Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
Milne, Nanette (North East Scotland) (Con)

Against

Campbell, Aileen (Clydesdale) (SNP)
Doris, Bob (Glasgow) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Lyle, Richard (Central Scotland) (SNP)
Robertson, Dennis (Aberdeenshire West) (SNP)

The Convener: The result of the division is: For 4, Against 5, Abstentions 0.

Amendment 222 disagreed to.

Section 25—Integration delivery principles

Amendment 97 moved—[Alex Neil].

Amendment 97A not moved.

Amendment 97 agreed to.

Amendment 223 not moved.

Amendments 98 and 99 moved—[Alex Neil]—and agreed to.

Amendment 224 not moved.

Amendment 225 moved—[Nanette Milne].

The Convener: The question is, that amendment 225 be agreed to. Are we agreed?

Members: No.

The Convener: There will be a division.

For

Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
Milne, Nanette (North East Scotland) (Con)

Against

Campbell, Aileen (Clydesdale) (SNP)
Doris, Bob (Glasgow) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Lyle, Richard (Central Scotland) (SNP)
Robertson, Dennis (Aberdeenshire West) (SNP)

The Convener: The result of the division is: For 4, Against 5, Abstentions 0.

Amendment 225 disagreed to.

Amendment 100 moved—[Alex Neil]—and agreed to.

Amendment 226 not moved.

Amendments 101 and 102 moved—[Alex Neil]—and agreed to.

Amendment 227 moved—[Rhoda Grant].

The Convener: The question is, that amendment 227 be agreed to. Are we agreed?

Members: No.

The Convener: There will be a division.

For

Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
Milne, Nanette (North East Scotland) (Con)

Against

Campbell, Aileen (Clydesdale) (SNP)
Doris, Bob (Glasgow) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Lyle, Richard (Central Scotland) (SNP)
Robertson, Dennis (Aberdeenshire West) (SNP)

The Convener: The result of the division is: For 4, Against 5, Abstentions 0.

Amendment 227 disagreed to.

Amendment 228 moved—[Rhoda Grant].

The Convener: The question is, that amendment 228 be agreed to. Are we agreed?

Members: No.

For

Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
Milne, Nanette (North East Scotland) (Con)

Against

Campbell, Aileen (Clydesdale) (SNP)
Doris, Bob (Glasgow) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Lyle, Richard (Central Scotland) (SNP)
Robertson, Dennis (Aberdeenshire West) (SNP)

The Convener: The result of the division is: For 4, Against 5, Abstentions 0.

Amendment 228 disagreed to.

Amendments 229 and 230 not moved.

Amendment 103 moved—[Alex Neil]—and agreed to.

Amendment 231 not moved.

Amendment 104 moved—[Alex Neil]—and agreed to.

Section 25, as amended, agreed to.

Section 26—Establishment of consultation group

The Convener: Amendment 105, in the name of the cabinet secretary, is grouped with amendments 106 to 108, 110, 233, 112 to 115, 234, 117 and 119.

Alex Neil: It is important that strategic planning supports the principles of co-production and joint working. The amendments in the group focus on the operation of the strategic planning group, which has a key role to play in improving outcomes.

Amendment 105 will allow the integration authority to establish a single strategic planning group from the outset of the strategic planning process. The group will continue to play a part in the on-going review and amendment of subsequent strategic plans. That reflects the continual strategic commissioning cycle.

Amendment 106 will change the name of the consultation group so that it will be known instead as the strategic planning group, which more accurately reflects its function.

The integration authority has full responsibility for the strategic planning group and strategic planning process, for which it is accountable. However, it is important that the bill does not unduly restrict the representation of constituent authorities in the membership of the group. Amendments 107, 108 and 110 will allow greater flexibility to the local authority and health board with respect to the number and combination of representatives that they can nominate to represent their interests in the process.

Amendment 233, in the name of Rhoda Grant, seeks to add a requirement that would establish in primary legislation that membership of the strategic planning group must include service users, unpaid carers and non-commercial organisations. I recognise that the aim of the amendment is to provide for a co-production approach. I reassure Rhoda Grant that the bill provides a robust involvement process for strategic planning, and I have set out in the policy statement, in relation to section 26, the Scottish ministers' intentions to include all those that are noted within amendment 233, and a number of other groups that I believe should be involved—including health and social care professionals—in the membership of the strategic planning group.

I believe that it would be disproportionate to set out in the bill that we should include the groups that are noted in amendment 233, but not to make similar provision for the numerous other people who should, equally, be involved in the strategic planning group. I believe that the proper place to set out the detail of the membership of the strategic planning group is in regulations. I therefore urge Rhoda Grant not to move amendment 233.

Amendment 112 will ensure that the integration authority will oversee the appointment, removal

and replacement of members of the strategic planning group. The constituent authorities will be responsible for nominating members as well as for replacing or removing their nominees if required. The amendment will also ensure that the views of localities are taken into account by requiring the integration authority to identify the most appropriate person to represent each locality on the strategic planning group. Amendment 112 also provides for local flexibility, so that an individual can represent more than one locality, which will ensure that the integration authority's ability to make decisions is not undermined by any vacancy in representation of localities.

Amendments 113, 114 and 115 are drafting amendments that will make it clear that section 26(4) applies to all integration authorities and reflect the amendment that provides that the consultation group is to be known as the strategic planning group.

Amendment 234, in Rhoda Grant's name, seeks to introduce an additional requirement on the integration authority in its dealings with the strategic planning group and gives examples of the types of arrangement that the integration authority may decide to make. The level of detail that is proposed is not appropriate for primary legislation, but I sympathise with the desire to ensure that the strategic planning process is truly inclusive and effective. Section 26 already provides for payment of expenses to members of the group, through subsection (4). I assure Rhoda Grant that I will produce extensive guidance on all relevant matters relating to the strategic planning group. I therefore urge her not to move amendment 234.

Amendments 117 and 119 make it clear that it is the strategic planning group's views on the strategic planning proposals and the draft strategic plan that are sought.

I invite Rhoda Grant not to move amendments 233 and 234.

I move amendment 105.

Rhoda Grant: Amendment 233 would ensure that carers and their representatives would be included in the strategic planning group. That follows the principles of co-production at every level. What is missing from the bill is the involvement of users and carers, which should run through the bill like letters in a stick of rock. That is the only way we can genuinely ensure that people are involved in designing and organising their care. People need to participate, and care should be designed on their behalf to allow them to go about their business in a normal way.

There is something missing from the bill. I welcome the involvement of staff and the people who deliver care, but the recipients of care are much more important. The bill's having something at its core to ensure that users and carers are involved in the design of services, rather than services being things that are done to them, would be worthwhile. I look forward to some commitments on that from the cabinet secretary when he winds up.

On amendment 234, I welcome what the cabinet secretary said about considering guidance to take away the barriers. However, cost is not the only barrier. Obviously, expenses need to be paid, but there are many other barriers, especially to people with disabilities. For example, is the venue where meetings are held accessible? If someone has a sight problem, will they have delivered to them papers that will allow them to participate? Will carers get assistance with the person that they are caring for to enable the carer to attend meetings? The bill may not be the place to address those barriers, but I hope that, in writing guidance, the cabinet secretary will be clear that the person who is participating needs to be consulted about the barriers that they face, and that steps must be taken to ensure their full participation. Only then will we see real participation.

10:15

The Convener: As no other members wish to comment, I ask the cabinet secretary to wind up.

Alex Neil: We are absolutely on the same page about what we are trying to achieve. Our only difference is on what should be in the bill and what should be in secondary legislation, guidance and regulations. I agree 110 per cent with Rhoda Grant that the whole philosophy underlying the bill must be co-production and that service users are people who we work with and not people who we deliver to. They should not be seen as recipients in the sense that they will do what they are told. The whole point is co-production and to have a completely different philosophy from what has gone before. We are absolutely as one on that.

I agree with Rhoda Grant that concept of the role of service users should permeate the bill like letters in a stick of rock. I argue that the bill does that. For example, it repeatedly lists, at each stage of engagement and planning, the role of service users and the need to take them with us and for them to be involved in design of services. I give her a total commitment that the regulations or the secondary legislation will reflect absolutely that philosophy. Similarly, on barriers, whether they are faced by disabled people, by people who have learning disabilities or by ethnic minority or other minority groups, the whole point of the bill is to make it as user-friendly as possible and geared to users' needs—not as defined by the service providers, but as agreed between the service providers and users. I give Rhoda Grant a total

commitment that we will not only reflect in the bill the importance of removing those barriers, but will take action to remove those barriers or to prevent their being erected in the first place, where appropriate, in all the secondary legislation, regulations and guidance.

Amendment 105 agreed to.

Amendments 106 to 111 moved—[Alex Neil]—and agreed to.

The Convener: Amendment 232, in the name of Bob Doris, was debated with amendment 210 on day 1 of our stage 2 deliberations. Does Bob Doris wish to move or not move amendment 232?

Bob Doris (Glasgow) (SNP): Given the reassurances that were given on day 1, I will not move amendment 232.

Amendment 232 not moved.

Amendment 233 moved—[Rhoda Grant].

The Convener: The question is, that amendment 233 be agreed to. Are we agreed?

Members: No.

The Convener: There will be a division.

For

Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
Milne, Nanette (North East Scotland) (Con)

Against

Campbell, Aileen (Clydesdale) (SNP)
Doris, Bob (Glasgow) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Lyle, Richard (Central Scotland) (SNP)
Robertson, Dennis (Aberdeenshire West) (SNP)

The Convener: The result of the division is: For 4, Against 5, Abstentions 0.

Amendment 233 disagreed to.

Amendments 112 to 115 moved—[Alex Neil]—and agreed to.

Amendment 234 not moved.

Section 26, as amended, agreed to.

Section 27—Steps following establishment of consultation group

Amendments 116 to 122 moved—[Alex Neil]—and agreed to.

Amendment 235 not moved.

Section 27, as amended, agreed to.

After section 27

Amendment 123 moved—[Alex Neil]—and agreed to.

Section 28—Requirement for agreement to certain strategic plans

Amendment 236 moved—[Nanette Milne].

The Convener: The question is, that amendment 236 be agreed to. Are we agreed?

Members: No.

The Convener: There will be a division.

For

Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
Milne, Nanette (North East Scotland) (Con)

Against

Campbell, Aileen (Clydesdale) (SNP)
Doris, Bob (Glasgow) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Lyle, Richard (Central Scotland) (SNP)
Robertson, Dennis (Aberdeenshire West) (SNP)

The Convener: The result of the division is: For 4, Against 5, Abstentions, 0.

Amendment 236 disagreed to.

Amendment 124 moved—[Alex Neil]—and agreed to.

Section 29—Publication of strategic plans

Amendments 125 and 126 moved—[Alex Neil]—and agreed to.

Section 29, as amended, agreed to.

Section 30—Significant decisions outside strategic plan: public involvement

The Convener: Amendment 127, in the name of the cabinet secretary, is grouped with amendments 128, 237, 129 and 130.

Alex Neil: It is my intention that a strategic plan should not necessarily last for a fixed period of three years but will, rather, be subject to continual review and possible amendment. Ensuring that the planning process is a continual cycle should mean that few significant decisions will be made that are not part of that process. However, should such decisions be necessary—such circumstances should be very rare—they may take effect outwith any revision of a plan.

Section 30, as introduced, requires consultation only with service users, and amendment 128 seeks to make it clear that the strategic planning group should also be consulted when a decision is taken under the procedure in section 30, to ensure that the process cannot be used to circumvent the consultative procedure for reviewing strategic plans and to reflect the strategic planning group's importance.

Amendment 237 in the name of Rhoda Grant would require the integration authority to involve and consult

"non-commercial providers of health care or social care, and ... other relevant bodies who may be affected"

by a significant decision taken outside the strategic plan. Section 32, together with the regulations that I intend to make under section 32(4), will already achieve that purpose for non-commercial providers of health or social care by involving them in locality planning and as members of the strategic planning group. Given that I intend that the regulations under section 32(4) will include third sector providers of health and social care among those who must be involved and consulted in significant decisions about services in a locality, I believe that Rhoda Grant's amendment 237 is unnecessary so, on that basis, I ask her not to move it.

Strategic plans must be subject to a continuous cycle of analysis, planning, delivering and reviewing. Amendment 129 will introduce a new section that makes it clear that integration authorities must review their strategic plans as often as necessary, or at least every three years and must, if required, prepare a replacement strategy plan. In carrying out such a review, integration authorities must take into account the national health and wellbeing outcomes, the integration delivery principles, and reviews of the strategic planning group that they will be required to establish. Amendment 129 will also require the health board and local authority to provide the integration authority with the necessary information to carry out the review properly.

It is important that amendment 130 will allow for the local authority and the health board—acting jointly—to require a replacement plan where they jointly feel that the strategic plan prohibits their carrying out any of their functions. I do not envisage that such circumstances will arise frequently, given that the health board and local authority will, as members of the strategic planning group, be part of any review and revision of the strategic plan. However, amendment 130 is needed to provide an additional safeguard for circumstances that may arise outwith the strategic planning process in order that local authorities and health boards may effectively deliver their responsibilities.

I ask Rhoda Grant not to move amendment 237.

I move amendment 127.

Rhoda Grant: Amendment 237 would ensure that third sector providers are consulted on significant decisions outside the strategic plan. In many localities, third sector organisations identify need often, and more often than not actually go and meet that need by finding solutions within their communities. They therefore provide a joined-up approach and should be consulted. I mean by third sector organisations a wider selection than just those that are involved in health and social care. I know what the cabinet secretary said about that group, which is why I have included in amendment 237 the reference to "other relevant bodies" that may be affected by a decision.

For example, in my area we have the Badenoch & Strathspey Community Transport Company's car scheme, which is paid for through community transport scheme funding and which promotes people's social life by helping them to go shopping, and by providing them with softer social options to promote their independence and wellbeing by getting them to doctors' appointments and the like. That scheme would not be considered to be involved in health and social care, because it is a transport organisation, but it has identified and meets need within its local community, which could be seen as preventative spending that promotes the wellbeing of the people who live in the area.

There are in our communities huge numbers of such small organisations meeting various needs that are not always under health and social care, but which approach the promotion of people's wellbeing and independence from a slightly different angle. For that reason, I will press amendment 237, unless the cabinet secretary intends to lodge amendments at stage 3 that will ensure that those groups are involved in locality planning, as I believe they should be. I will wait to hear what the cabinet secretary says in winding up.

Bob Doris: I am supportive of what Rhoda Grant is trying to achieve, but the more I hear about various stakeholder groups wanting to be involved in locality planning, monitoring and other devices, the more minded I am that the right place for what she proposes is secondary legislation or guidance. I wanted to put that on the record. However, I have listened very carefully and am supportive of and sympathetic to Rhoda Grant's points.

Alex Neil: At the risk of repeating my technique, I would say that we are all on the same page and trying to achieve exactly the same thing. I think that the premise of Rhoda Grant's amendment 237 is that there is a narrow interpretation of the third sector, whereas we have a wide interpretation that incorporates the kind of organisation to which Rhoda Grant referred and of which I am sure we have many examples in all our constituencies.

10:30

I am happy to consider the issue to see whether—either in the bill or in subsequent regulations and other secondary legislation—we need to be clearer about the definition, so that there is no dubiety about the fact that it can incorporate groups such as those to which Rhoda Grant has referred. I am happy to consider that as a possible stage 3 amendment, and to add it to the agenda for discussion at the meeting that we have arranged with members of the committee. The meeting is next week and is open to all members of the committee. I am happy to consider the matter for stage 3, so that there is no dubiety in the bill, or in any subsequent regulations or other secondary legislation.

Amendment 127 agreed to.

Amendment 128 moved—[Alex Neil]—and agreed to.

Amendment 237 not moved.

Section 30, as amended, agreed to.

After section 30

Amendments 129 to 131 moved—[Alex Neil]—and agreed to.

Section 31 agreed to.

Section 32—Carrying out of integration functions: localities

The Convener: Amendment 132, in the name of the cabinet secretary, is grouped with amendments 133 and 134.

Alex Neil: Section 32 requires that bodies that deliver integrated services involve and consult localities in any decisions that will have a significant impact on their locality. Amendments 132 and 133 extend that duty to the decision-making processes of the integration authority that fall outwith the strategic planning cycle. That will ensure the full involvement in all decision-making processes of all those who deliver, support or receive health and social services in a locality.

In its stage 1 report, the committee recommended that we include a provision in section 32 to allow the integration authority to reimburse any necessary expenses and allowances to the participants in locality planning arrangements. I agree with the committee's recommendation, and amendment 134 gives the integration authority that ability.

I move amendment 132.

The Convener: No members wish to speak. I do not expect that the cabinet secretary wishes to say any more.

Alex Neil: No—I waive my right, convener.

The Convener: I am on page 19 of 48—that is the page that I am on today, cabinet secretary.

Amendment 132 agreed to.

Amendments 133 and 134 moved—[Alex Neil]—and agreed to.

Section 32, as amended, agreed to.

Section 33—Integration authority: performance report

The Convener: Amendment 135, in the name of the cabinet secretary, is grouped with amendments 136 to 139.

Alex Neil: Amendments 135 and 136 are technical. They ensure that the provisions as originally drafted now relate properly to the amended section 33.

Amendments 137 and 138 strengthen the duties that the bill places on the integration authority, the health board and the local authority with regard to publication of the integration authority's annual performance report. The amendments introduce a statutory timescale within which the report must be published, ensure that the integration authority has access to the data that it requires and oblige the integration authority to send the performance report to the health board and/or the local authority, as appropriate to the model of integration that is used. That will be essential for the integration authorities to prepare their performance reports effectively and provide a coherent picture of how care and support has been delivered for their communities.

Amendment 139 ensures that the reporting year will be the same for all integration authorities. Performance reports will therefore cover the same time period and be published broadly at the same time to aid comparison and benchmarking.

I move amendment 135.

Amendment 135 agreed to.

Amendments 136 to 139 moved—[Alex Neil]—and agreed to.

Section 33, as amended, agreed to.

After section 33

The Convener: Amendment 240, in the name of the cabinet secretary, is in a group on its own.

Alex Neil: Amendment 240 strengthens the role of the integration joint monitoring committee by giving it the ability to require information from the statutory partners and write reports on how integrated services are being planned and delivered. The amendment gives the integration joint monitoring committee the ability to make recommendations on how service planning and

delivery should be changed to better deliver the national outcomes. It places the lead agency under a duty to have regard to any reports that the committee publishes and to respond to any recommendation that it makes. The amendment provides appropriate accountability in the lead agency model and gives the integration joint monitoring committee the necessary teeth to do its job of holding the lead agency to account.

I move amendment 240.

Amendment 240 agreed to.

Before section 34

The Convener: Amendment 241, in the name of the cabinet secretary, is grouped with amendments 242 to 252. I point out that, if amendments 243 and 249 are agreed to, I will be unable to call amendments 148 and 160, which are in the group entitled "'Integration plan' to 'integration scheme'", which we debated on day 1, due to pre-emption.

Alex Neil: The bill as introduced contains no requirement for health boards and local authorities, with stakeholders, to review the integration scheme. We believe that the scheme should be reviewed periodically to ensure that it remains fit for purpose. Amendment 241 requires that integration schemes are reviewed at least every five years and that health boards and local authorities are required to include and consult their stakeholders in the same way as when the scheme was originally developed. Amendment 242 establishes that either the health board or the local authority can trigger a review of the integration scheme, which both parties must then jointly take forward.

Our concern is that, particularly in a lead agency arrangement, if a delegating authority was not content that the lead agency was carrying out its functions to the delegating authority's satisfaction, it could not review the basis of that delegation—the integration scheme—without the lead agency's agreement. That could result in a conflict of interest for the lead agency and an inability for the delegator to properly exercise its statutory accountability over its functions.

Amendment 242 establishes that, should the Scottish ministers amend the regulations that specify other matters that must be included within integration schemes, they can require all integration schemes to be reviewed. For example, if professional advice on clinical and care governance was to change, we would want to ensure that all integration schemes were reviewed and considered by stakeholders locally.

Amendments 243 and 249 are technical amendments that ensure that other relevant provisions in the bill are updated to account for the changes to the review process. In particular, the amendments ensure that the power to vary a scheme under section 34 and the duty to vary a scheme under section 35 may only follow a review of a scheme, which will become a requirement.

Amendments 244 and 247 ensure that constituent authorities are required to notify the Scottish ministers if the detail of certain parts of the integration scheme, as prescribed in regulation under the power noted in section 1(3)(e), are changed. The amendments ensure continued oversight of important areas of agreement between the constituent authorities, such as clinical and care governance arrangements.

Amendment 245 requires that, when constituent authorities wish to make changes to the parts of their integration scheme that they have a statutory obligation to include, they must consult a list of stakeholders as prescribed by the Scottish ministers. The amendment ensures that appropriate stakeholders will be involved in any significant changes to the terms of integration in their area.

Amendment 246 is a technical amendment that ensures that the requirement to seek the Scottish ministers' approval of revised integration schemes properly relates to the provisions in section 34(3).

Amendment 248 requires the constituent authorities to publish a revised integration scheme once it takes effect, which will ensure that the most up-to-date integration schemes are always publicly available.

Amendment 250 is a technical amendment that ensures that provisions relating to new integration schemes as set out in section 35 are applicable to multicouncil integrated arrangements.

Amendment 251 puts it beyond doubt that the bill applies to a new integration scheme that is created under section 35 as it applies to a scheme that is prepared under sections 1 or 2.

Amendment 252 places a requirement on the Scottish ministers to consult the local authority and the health board before putting in place a scheme for the transfer of staff as a consequence of a new integration scheme. The amendment reflects other amendments that were previously discussed by the committee, and responds to requests from health boards and local authorities to ensure that their views are heard in any matter relating to staffing under integration.

I move amendment 241.

Rhoda Grant: With regard to amendment 252, I understand why people are being consulted, but it makes no mention of the staff who are to be transferred or their trade unions. One would assume that transferring staff would require a consultation that involves the staff and their trade

unions as well as the receiving authority and the authority that is losing the staff.

Alex Neil: Rhoda Grant is absolutely right, but those points are already covered in employment law and the national and local negotiating machinery. It would not be appropriate for us to cut across that in this bill—that would require another bill.

Amendment 241 agreed to.

Amendment 242 moved—[Alex Neil]—and agreed to.

Section 34—Revised integration plan

The Convener: Amendment 243, in the name of the cabinet secretary, has already been debated with amendment 241. I remind members that, if amendment 243 is agreed to, I cannot call amendment 148, as a consequence of the pre-emption rule.

Amendment 243 moved—[Alex Neil]—and agreed to.

Amendments 149 to 157, 244 to 246, 158, 247, 159 and 248 moved—[Alex Neil]—and agreed to.

Section 34, as amended, agreed to.

Section 35—New integration plan

10:45

The Convener: Amendment 249, in the name of the cabinet secretary, has already been debated with amendment 241. I remind members that, under the pre-emption rule, if amendment 249 is agreed to, I cannot call amendment 160.

Amendment 249 moved—[Alex Neil]—and agreed to.

Amendments 161, 250, 162 and 251 moved—[Alex Neil]—and agreed to.

Section 35, as amended, agreed to.

Section 36—Power to make provision in consequence of new integration plan

Amendments 163 to 165 and 252 moved—[Alex Neil]—and agreed to.

Section 36, as amended, agreed to.

Section 37—Information-sharing

Amendments 166 to 170 moved—[Alex Neil]—and agreed to.

Section 37, as amended, agreed to.

Section 38 agreed to.

Section 39—Default power of Scottish Ministers

The Convener: Amendment 253, in the name of the cabinet secretary, is in a group on its own.

Alex Neil: This technical amendment seeks to ensure that section 39 properly relates to the now amended section 7 by enabling the Scottish ministers, where a modified scheme is to be submitted, to use their default powers if the modified scheme is not submitted by the date specified under section 7(4)(c).

I move amendment 253.

Amendment 253 agreed to.

Amendment 171 moved—[Alex Neil]—and agreed to.

Section 39, as amended, agreed to.

Section 40—Directions

Amendments 172 to 176 moved—[Alex Neil]—and agreed to.

The Convener: Amendment 254, in the name of the cabinet secretary, is in a group on its own.

Alex Neil: Section 40 enables the Scottish ministers to give directions to a health board, local authority or integration joint board on the carrying out of functions under integration. The new section that has been inserted after section 22 provides that the Scottish ministers can make an order only to enable the integration joint board to carry out functions directly rather than arranging for service delivery via direction to the health board and local authority on receipt of a written application from the health board and local authority. The Scottish ministers cannot make such an order without the prior written application of the health board and local authority, and the amendment also ensures that ministers cannot direct the health board and local authority to make such a written application.

I move amendment 254.

Amendment 254 agreed to.

Section 40, as amended, agreed to.

Section 41—Guidance

The Convener: Amendment 255, in the name of the cabinet secretary, is grouped with amendments 256 and 257.

Alex Neil: Section 41 requires each local authority, health board and integration joint board to have regard to any guidance that is issued by the Scottish ministers on their functions under or in relation to this legislation. As it stands, the bill does not require the integration joint monitoring committees to have regard to such guidance. Amendment 257 seeks to require integration joint

monitoring committees to have regard to any guidance that is issued by the Scottish ministers on their functions under or in relation to this legislation and, in doing so, brings those committees into line with the requirements for health boards, local authorities and integration joint boards. That will provide for a more robust framework that will apply equally in a lead agency arrangement.

Amendments 255 and 256 are technical amendments that are linked to amendment 257 and simply pave the way for the list in new section 41(2) as inserted by amendment 257.

I move amendment 255.

Amendment 255 agreed to.

Amendments 256 and 257 moved—[Alex Neil]—and agreed to.

Section 41, as amended, agreed to.

After section 41

The Convener: Amendment 258, in the name of the cabinet secretary, is grouped with amendments 259 and 260.

Alex Neil: In the policy memorandum accompanying the bill, the Scottish ministers committed to ensuring that the inspection and scrutiny of integrated health and social care services were provided for. Social Care and Social Work Improvement Scotland was established to inspect social care and social work services, while Healthcare Improvement Scotland was established to inspect healthcare services. Amendments 258 and 259 seek to provide for both organisations respectively to inspect services provided in pursuance of an integration scheme, regardless of the delivery body.

Furthermore, the amendments seek to expand the purpose and the matters to be considered when inspecting such services. It is important that inspections can account for and reflect the aims of integration and provide appropriate improvement advice, reports and recommendations in that respect. The amendments seek to ensure that SCSWIS and HIS have that ability.

Amendment 260 provides for HIS and SCSWIS to jointly inspect health and social care services delivered by health boards, local authorities and integration joint boards in pursuance of an integration scheme.

Importantly, in carrying out joint inspections, SCSWIS and HIS are to adhere to current codes of practice that are issued by the Scottish ministers, and may carry out joint inspections for any of the purposes that are provided for by section 10I(1B) or 10J of the National Health Service (Scotland) Act 1978, or section 53(2) of the Public Services Reform (Scotland) Act 2010. High standards and levels of scrutiny are thereby applicable to joint inspections of integrated services.

Scrutiny of integrated services is key to achieving the aim of improving the quality, consistency and safety of services for service users. Enabling joint inspections without recourse to the Scottish ministers reflects the need for a new approach to inspection and scrutiny to support, develop and redesign services to deliver the aim of integration of improving outcomes for users of health and social care services.

I move amendment 258.

Rhoda Grant: I have concerns about the practicality of the proposal. It seems quite messy, with two organisations that could come in. Will they have to work together, especially with regard to services that are jointly delivered by health and social care? It seems to me that the people who provide inspections could conduct different visits if they were not obligated to work together and carry out joint inspections.

Alex Neil: Actually, they already engage in joint working very effectively, for obvious reasons. However, at the moment, they need my explicit permission if they are to carry out a joint inspection. I do not believe that that is appropriate, particularly when we are talking about an integrated agenda. I foresee a much closer working relationship in future between HIS and SCSWIS—the Care Inspectorate—with regard to inspection.

The arrangement pretty much reflects what happens at the moment, but the degree of approval at ministerial level is no longer appropriate, given that we are to move forward with the integration of service provision.

The Convener: Who would the reports be provided to? If there were joint inspection reports, what would the formal structure be? How independent would the reports be?

Alex Neil: The bodies are entirely independent, in the sense that, for example, they decide, within their statutory duties, which organisations to inspect, what the remit of the inspection is, what the timing of the inspection is and whether it is an announced or an unannounced inspection. They report to the body and, simultaneously, to the Scottish ministers because if the conclusions and recommendations in any inspection report require action on the part of the Scottish ministers, we have to take that on board.

All the reports are published—they are perfectly open and transparent—and they can be commissioned. For example, an NHS employee who is whistleblowing about alleged malpractice in

the health board can write to HIS and ask it to undertake an investigation and an inspection of the point that they are making. Anyone can ask for that, and I can mandate it.

The Convener: I am taking advantage of my position as convener, as I should not be continuing to ask questions, but is that matter something that can be included in our informal discussion? I am not sure how it plays into the situation with regard to HIS, SCSWIS or, indeed, local government. There seems to be a lot going on there.

11:00

Alex Neil: If we have time, prior to the discussion, we will try to provide a briefing about the existing arrangements, because this largely reflects—

The Convener: I appreciate that. I am not supposed to be asking questions at this point, of course.

Alex Neil: I am here to serve and please.

The Convener: You are here to put a smile on my face.

Bob Doris: Let us move on quickly, convener.

The Convener: Yes—quickly .

Amendment 258 agreed to.

Amendments 259 and 260 moved—[Alex Neil]—and agreed to.

The Convener: Amendment 261, in the name of the cabinet secretary, is in a group on its own.

Alex Neil: The bill places requirements on local authorities to carry out certain functions that relate to integration, such as putting in place an integration scheme with a health board. The Local Government (Scotland) Act 1973 provides for local authorities to delegate some of their functions to other local authorities.

Amendment 261 will ensure that the functions that the bill confers on local authorities cannot be delegated to another local authority. That will be important when more than one local authority is covered by a single integration scheme with a health board.

The bill requires certain local authority functions to be delegated to an integration authority. The amendment will ensure that those functions can be delegated only to the integration authority and not to another local authority. That will not prevent shared service delivery across local authority boundaries, which I would encourage. The amendment will ensure only that functions that are required for integration under the bill can be delegated only to the integration authority for the purposes of strategic planning, and not to another local authority.

I move amendment 261.

Amendment 261 agreed to.

Section 42—Meaning of "integration authority"

Amendments 177 to 181 moved—[Alex Neil]—and agreed to.

Section 42, as amended, agreed to.

Section 43—Meaning of "integration functions"

Amendments 182 to 190 moved—[Alex Neil]—and agreed to.

Section 43, as amended, agreed to.

After section 43

Amendment 191 moved—[Alex Neil]—and agreed to.

Section 44—Shared services

The Convener: Amendment 262, in the name of the cabinet secretary, is grouped with amendments 263 to 269, 271, 273 and 274.

Alex Neil: The amendments in the group relate to the Common Services Agency for the Scottish health service. Section 44 sets out the ability of the CSA—or NHS National Services Scotland as it is now more commonly known—to provide goods and services to Scottish public bodies. Amendment 262 allows for the CSA to provide services to publicly owned companies or bodies and in particular any corporations that health boards or local authorities own or which are a joint venture between them.

Section 44(3) provides a list of examples of the types of services that the CSA may provide to other bodies. Amendment 263 extends the list in section 44(3) to make clearer and put beyond doubt the types of services that the CSA may provide.

Amendment 264 allows for the Scottish ministers, by order, to amend the list of categories of bodies to which the CSA may provide goods or services. That will ensure that there is suitable and proportionate provision to amend the powers of the CSA to take account of changing circumstances as appropriate.

Amendment 271 provides that an order made under new section 44(4A) is subject to the affirmative procedure. Given the nature of the order-making power, the affirmative procedure is considered appropriate.

Amendments 265 and 266 seek to clarify and remove any potentially confusing duplication between section 44 of the bill and existing provisions in the National Health Service (Scotland) Act 1978 as to the bodies with which the CSA may enter into arrangements for the provision of services. The amendments provide for a clearer definition of "Scottish public authority", making clear that section 44 does not apply to health bodies with which the CSA is already able to enter into arrangements.

Amendment 267 inserts an updated definition of one of the groups of Scottish public authorities with which the CSA can enter into arrangements. The amendment provides for the definition to be linked to that in schedule 5 to the Public Services Reform (Scotland) Act 2010. That will allow the CSA to provide services to a wider group of public authorities, including certain publicly owned companies. Should the Scottish ministers amend schedule 5, that would also alter the bodies to which the CSA could provide services.

Amendments 268 and 273 make amendments to the National Health Service (Scotland) Act 1978 and the Patient Rights (Scotland) Act 2011 in consequence of section 44.

Amendment 269 seeks to address an anomaly in the National Health Service (Residual Liabilities) Act 1996 concerning the transfer of liabilities if the CSA is dissolved. Before 2010, the CSA could be dissolved only by primary legislation. That would have addressed the need to transfer existing liabilities at the point of dissolution. Since 2010, it has been possible to dissolve the CSA using a public services reform order and, therefore, bodies entering into long-term contractual arrangements with the CSA have less protection regarding debts and obligations owed by the CSA than other NHS Scotland bodies have. The amendment addresses that anomaly and means that bodies entering into contracts with the CSA are offered the same protection as is given when contracting with other NHS bodies.

Amendment 274 revokes the Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) Order 2013 as a consequence of section 44 of the bill.

I move amendment 262.

Amendment 262 agreed to.

Amendments 263 to 267 moved—[Alex Neil]—and agreed to.

Section 44, as amended, agreed to.

After section 44

Amendments 268 and 269 moved—[Alex Neil]—and agreed to.

Section 45—Extension of schemes for meeting losses and liabilities of health service bodies

Amendments 192 and 193 moved—[Alex Neil]—and agreed to.

Section 45, as amended, agreed to.

Sections 46 and 47 agreed to.

Section 48—Interpretation

Amendment 194 moved—[Alex Neil]—and agreed to.

The Convener: Amendment 238, in the name of Bob Doris, was debated with amendment 210 on day 1. Is the amendment moved or not moved?

Bob Doris: Not moved, convener.

The Convener: The question is, that amendment 238 be agreed to. Are we agreed?

Members: Yes.

Bob Doris: Amendment 238 is not moved, convener.

The Convener: Oh—I am sorry.

Bob Doris: I am delighted at the committee's overwhelming support for amendment 238. I will consider the matter carefully at stage 3, but at this stage I will not move my amendment.

The Convener: I slip up after two hours, and there he is, ready to tell me. He is a tremendous support to me as deputy convener. [*Laughter*.]

Amendment 238 not moved.

Amendments 195 to 199 moved—[Alex Neil]—and agreed to.

Section 48, as amended, agreed to.

Section 49—Subordinate legislation

The Convener: Amendment 270, in the name of the cabinet secretary, is in a group on its own.

Alex Neil: Amendment 270 broadens the powers in the bill to make subordinate legislation so that different provision can be made for different cases or classes of case. That will enable the subordinate legislation that is made under the powers in the bill to give full effect to the policy intentions by making appropriate provision for different circumstances.

I move amendment 270.

Amendment 270 agreed to.

Amendment 200 moved—[Alex Neil]—and agreed to.

The Convener: Amendment 201, in the name of Malcolm Chisholm, was debated with

amendment 147 on day 1. Is the amendment moved or not moved?

Malcolm Chisholm: I think that my amendment falls because the previous amendment was withdrawn.

The Convener: Not according to my script. Are you moving or not moving?

Malcolm Chisholm: It does not make sense to move the amendment.

The Convener: Okay.

Amendment 201 not moved.

Amendment 239 not moved.

Amendment 271 moved—[Alex Neil]—and agreed to.

Section 49, as amended, agreed to.

Section 50 agreed to.

Section 51—Repeals

The Convener: Amendment 272, in the name of the cabinet secretary, is in a group on its own.

Alex Neil: Section 5A of the Social Work (Scotland) Act 1968 makes provision for the preparation by local authorities of community care plans that cover adult community services. I understand that the requirement has not been fully implemented, and has largely fallen out of use. Community care plans are, in any case, inconsistent with the requirements of the bill for integrated planning of adult health and social services.

Amendment 272 repeals section 5A of the 1968 act and puts beyond doubt that community care plans should no longer be prepared. Indeed, the requirement in the bill for integration authorities to prepare a strategic plan for the area of the local authority will provide for a plan for adult community services—health services and social care services—rendering section 5A redundant.

I move amendment 272.

Amendment 272 agreed to.

Amendments 273 and 274 moved—[Alex Neil]—and agreed to.

Section 51, as amended, agreed to.

Section 52—Commencement

The Convener: Amendment 275, in the name of the cabinet secretary, is in a group on its own.

11:15

Alex Neil: Section 52 is concerned with the commencement of provisions in the bill. Amendment 275 will enable early commencement of sections 1(3) to 1(7), 5, 37 and 41. The Scottish ministers have expressed their wish to enable and support effective progress of integration of health and social care.

Before local authorities and health boards can begin to act in accordance with the requirements of the bill, the Scottish ministers require to make subordinate legislation, which will operate alongside the provisions of the bill to establish the framework for integration.

Amendment 275 will bring into force certain additional provisions on the day following royal assent. Those provisions relate to the requirements of an integration scheme, functions of health boards and local authorities that must be delegated, and the establishment of the national health and wellbeing outcomes that underpin the framework for integration and must be taken into account when preparing an integration scheme.

I move amendment 275.

Malcolm Chisholm: When I moved one of my amendments earlier, I raised the issue that health boards and local authorities might not be able to get on with their integration schemes because they were waiting for regulations about what they were allowed to include in them. What are the cabinet secretary's intentions in respect of introducing regulations, so that health boards and local authorities know what they are able to include in their integration schemes?

Alex Neil: That is a fair question. First, we are not waiting for the passage of the bill before we start any work on the subsequent secondary legislation or on regulation and guidance. Pretty well all local authority areas, with one or two exceptions, have already established partnership arrangements and, in most cases, joint shadow boards for integration. West Lothian has been doing that for quite a few years and Highland, which has been doing it for less time, uses an integrated model. My message to local authorities is that there is no reason why they cannot proceed as quickly as possible, operating under existing legislation, until we finally pass all the secondary legislation and issue all the relevant guidance and regulation.

Having said that, we are conscious of the need for there to be clarity on a range of issues as soon as possible. We are also conscious of the need to have appropriate consultation before introducing secondary legislation, regulation and guidance. Amendment 275 will allow us, from the day after royal assent, not only to make a start on the statutory implementation of the bill but to get moving on the necessary consultation on secondary legislation and everything that flows from that.

We have well-established groups, including a ministerial strategy group, which will continue to work with all the key stakeholders at national level. I chair that group and Michael Matheson is the deputy chair. That group will continue. Although our discussions are at a strategic level, we very much look at implementation and the group will move from working on what we want to do with the bill to the implementation of the bill.

A series of other joint groups involving all the stakeholders is looking at specific areas of activity such as funding, accountability, governance and so on. A lot of work is already going on. We have the infrastructure to move that along very quickly in terms of the consultative bodies and the strategy group. I believe that we will be able to bring forward the secondary legislation, albeit that it will be a substantial piece of work, very timeously indeed.

Amendment 275 agreed to.

Section 52, as amended, agreed to.

Section 53 agreed to.

Long title agreed to.

The Convener: That ends stage 2 consideration of the bill.

Alex Neil: I want to record my gratitude to the committee for getting through so much work in two sessions. I thank you, convener, and the committee members. Your co-operation is much appreciated.

The Convener: Thank you, cabinet secretary.

Members should note that the bill will now be reprinted as amended. The Parliament has not yet decided when stage 3 will take place, but members can lodge stage 3 amendments at any time with the legislation team. Members will be informed of the deadline for amendments once it has been determined.

I suspend the meeting for five minutes.

11:21

Meeting suspended.

11:26

On resuming—

Subordinate Legislation

National Health Service (Variation of Areas of Health Boards) (Scotland) Order 2013 (SSI 2013/347)

The Convener: Agenda item 2 is consideration of three negative Scottish statutory instruments, the first of which is SSI 2013/347. No motion to annul the order has been lodged, and the Delegated Powers and Law Reform Committee has not made any comments on it. Do members have any comments?

Richard Lyle (Central Scotland) (SNP): I welcome the order, and in particular the fact that it will resolve a situation in Lanarkshire.

Bob Doris: The order will mean that Mr Lyle and I will have constituents in the same health board area, because responsibility for my constituents in Rutherglen, Cambuslang and Blantyre is to move to NHS Lanarkshire. During the Scottish Government's statement in relation to concerns about NHS Lanarkshire, I asked the Cabinet Secretary for Health and Wellbeing whether plans to transfer responsibility for my constituents to that board would be affected or damaged in any way as a result of the improvements that are being put in place in it. I was given reassurances that my constituents will receive an excellent service and that the plans are well under way. My constituents were seeking reassurance on that, and I am delighted to say that I have received it.

Nanette Milne (North East Scotland) (Con): Do we know whether any other areas are affected, or is the area that has been mentioned the only one?

The Convener: I am not aware of that.

As there are no other comments, are we agreed that the committee has no recommendations to make on the order?

Members *indicated agreement.*

National Health Service (General Ophthalmic Services) (Scotland) Amendment Regulations 2013 (SSI 2013/355)

The Convener: No motion to annul the amendment regulations has been lodged, but the Delegated Powers and Law Reform Committee has drawn the Parliament's attention to the instrument—the details of that are in members' papers. As there are no comments, are we agreed that the committee has no recommendations to make on the amendment regulations?

Members *indicated agreement.*

Sports Grounds and Sporting Events (Designation) (Scotland) Order 2014 (SSI 2014/5)

The Convener: No motion to annul the order has been lodged, and the Delegated Powers and Law Reform Committee has made no comments on it. As members have no comments, are we agreed that the committee has no recommendations to make on the order?

Members *indicated agreement.*

The Convener: That concludes today's meeting. I remind members that there is a private briefing from the Scottish Medicines Consortium on Thursday at 9.30 in committee room 5, for all members who can make it.

I thank members for their co-operation, participation and patience.

Meeting closed at 11:30.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

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e-format first available
ISBN 978-1-78392-615-2

Revised e-format available
ISBN 978-1-78392-632-9

Printed in Scotland by APS Group Scotland