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**Our Ref:** TJ/MSCONSULT12-IAH&SC

Integration & Service Development Division  
Consultation  
The Scottish Government  
2ER, St. Andrew's House  
Edinburgh  
EH1 3DG

Date: 16<sup>th</sup> August 2012

Dear Sir/Madam

**INTEGRATION OF ADULT HEALTH & SOCIAL CARE IN SCOTLAND**

Scotland's Community Justice Authorities (CJAs) welcome the opportunity to offer comments on the consultation around the integration of adult health and social care in Scotland. Please find attached on behalf of the 8 CJAs, a joint response to the questions set out in consultation document.

If you require any further information from the CJAs please let me know.

**MARGARET SMITH**  
**Central Support Manager**

*On behalf of*  
**TOM JACKSON**  
**Chief Officer – Glasgow CJA**  
**CJA Portfolio Lead for Health (Including Drugs & Alcohol)**

Encl.

Annex G      Consultation Questionnaire

**Response by Community Justice Authorities –  
Chief Officers' Group**

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## The case for change

**Question 1:** Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

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Yes  No

We appreciate the justifications for this approach, and the critical need relating to the care for older people. We also recognise work started to review the implications for and links to other functions, including criminal justice services. We would encourage continued progress to establish detailed timeframes and steps for aligning this work to other areas of adult health and care. In the absence of a timeframe for development, and in light of the challenges exclusive to older people, it would be easy for the aspirations for improvements across all adult health and social care to stall.

## Outline of proposed reforms

**Question 2:** Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

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Yes  No

CJAs directly understand the resonate themes of integration, partnership and governance across the public sector. While there is local work required to establish and deliver health and social care integration, the current proposed framework provides a clear and comprehensive detail of the foundation elements.

## National outcomes for adult health and social care

**Question 3:** This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change required?

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Yes  No

The absence of shared performance demands can allow for erosion of otherwise strong partnerships. The statutory underpinning of shared outcome measures is fundamental

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to the success of the new Health and Social Care Partnerships. While this approach is a necessary component to achieve change as outlined, it is not sufficient to deliver in isolation.

We would encourage the involvement of communities and the third sector in service design and delivery, and connecting these developments with related changes elsewhere within the public sector, including the current review of CJAs by Audit Scotland and advances across the Reducing Reoffending Programme.

We would also encourage a more critical focus on commissioning and the opportunities to develop explicit preventative spend models as part of the integration process.

**Question 4:** Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

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Yes  No

The SOA has the advantage of tying in the wider partnerships for an area.

### **Governance and joint accountability**

**Question 5:** Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

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Yes  No

The balance between local and national accountability will be a continual litmus for the new partnerships. We would assume as the proposal is developed, more work will be done in relation to managing this balance and ensuring clarity in relation to any governance issues.

**Question 6:** Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

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Yes  No

As appropriate to local considerations. Would encourage identification of mechanisms for dispute resolution where local determination may generate disagreements between partners.

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**Question 7:** Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

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Yes  No

No comment.

**Question 8:** Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

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Yes  No

We read this section as suggesting an inspection approach will form part of the management arrangements, and welcome the use of external review. Any scrutiny of this nature also affords the opportunity to review the extent to which the local plans of the partnership are embedded within the wider SOA and marry across to other priorities for that broader partnership. As the agenda broadens across adult care needs, there will also be an important cross read with CJAs, particularly in relation to issues of addiction, mental health and the impact of violence.

We would also encourage benchmarking between the Partnerships.

**Question 9:** Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

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Yes  No

As appropriate to local considerations. Would encourage identification of mechanisms for dispute resolution where local determination may generate disagreements between partners.

## **Integrated budgets and resourcing**

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**Question 10:** Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need “health” or “social care” support?

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Yes  No

We would encourage a critical focus on commissioning and the opportunities to develop explicit preventative spend models as part of the integration process. Any strategic commissioning plan would be able to take account of the potential linkages with other local policy areas.

**Question 11:** Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

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Yes  No

No comment.

**Question 12:** If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

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Yes  No

No further comment.

### **Jointly Accountable Officer**

**Question 13:** Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

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Yes  No

No further comment.

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**Question 14:** Have we described an appropriate level of seniority for the Jointly Accountable Officer?

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Yes  No

No further comment.

### **Professionally led locality planning and commissioning of services**

**Question 15:** Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

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Yes  No

Local determination, in consort with Community Planning and related partnerships. Guidance from the Government on the breadth of stakeholders expected to be drawn into locality planning would be advantageous, and we would expect where locality developments for integration extend beyond older people, the list of professionals involved in locality planning would reflect this, and would include a focus on community justice.

**Question 16:** It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

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Yes  No

Additionally, local actions to engage stakeholders should be part of any external inspection or related scrutiny. Arrangements of locality planning should be published by the Partnership for public access.

**Question 17:** What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning at local level?

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No comment.

**Question 18:** Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

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Yes  No

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As appropriate to local considerations. Would encourage identification of mechanisms for dispute resolution where local determination may generate disagreements between partners.

**Question 19:** How much responsibility and decision making should be devolved from Health and Social Care Partnerships to locality planning groups?

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As appropriate to local considerations. Would encourage identification of mechanisms for dispute resolution where local determination may generate disagreements between partners.

**Question 20:** Should localities be organised around a given size of local population – e.g., of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

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Yes  No

As appropriate to local considerations. Would encourage identification of mechanisms for dispute resolution where local determination may generate disagreements between partners.

**Do you have any further comments regarding the consultation proposals?**

As the proposal stands, it provides limited guidance for those partnerships which have already evolved beyond integration for older people and may maintain wider commitments within the new partnership arrangements. We would support efforts to provide guidance which encompasses advanced developments.

**Do you have any comments regarding the partial EQIA? (see Annex D)**

We welcome the initiation of an EQIA, and acknowledge references made to people involved in the criminal justice system, including victims. There were issues highlighted during the process and we would encourage these strands to be further developed, including consideration of the potential to affect reoffending rates through health and social care services.

**Do you have any comments regarding the partial BRIA? (see Annex E)**

We welcome efforts to recognise the wider impact of these developments, and the potential for reciprocal impact from other policy areas. We would encourage continued

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work in this area, to identify the cross policy implications and begin planning. The CJAs are in a strong position to assist in relation to this area of work, having established health and social care ties across every local authority area.