

Joint Response on the Consultation on the Integration of Health & Social Care

We are supportive of the Scottish Government's proposals to encourage the integrated systems of health and social care – encouraging Local Authorities and NHS Boards to move forward together in achieving better outcomes for people using health and social care services, while still giving them the flexibility to work together to meet the needs of those in their local area.

Local area networks have been developed to bring together scrutiny bodies working within a local authority area. The involvement of the Scottish Housing regulator in these recognises the important role of housing in delivering community based services.

We will ensure that we work closely with our scrutiny partners and professions regulators to support innovation as part of the integration of health and social care. Our role as a scrutiny body will help monitor how this is implemented, whether outcomes are being achieved and highlighting good practice.

We are committed to work constructively with the other national scrutiny and regulatory bodies to assist the development and implementation of the proposals and welcome the opportunity we have been given to sit on the Bill Advisory Group and Health and Community Care Delivery Group.

Healthcare Improvement Scotland and the Care Inspectorate further welcome the opportunity to comment on the consultation on health and social care integration. The key points are noted below.

Both organisations are supportive of the:

- proposal to initially focus on improving outcomes for older people and extending this to improving integration of all areas of adult health and social care
- framework's flexibility in meeting the needs of local areas
- strengthening strategic commissioning of services for adults including the role of clinicians and social care professionals
- Health and Social Care Partnership Committee having representation from patients, service users, the third sector and other professionals
- need for integrated budgets and resourcing which are flexible to enable local prioritisation
- Scottish Government setting out the principles for locality planning and for local people to plan and deliver local services

Both organisations would welcome:

- the consultation taking account of the inter-relationship between this consultation and the review of the Community Planning Partnerships
- clarity on how the high level outcomes will be measured

- a strengthening of the roles of health, housing and other community planning partners to ensure good delivery of community based services
- acknowledgement that local authorities and NHS boards also have separate performance management requirements and will continue to report on other statutory performance indicators
- clearly defined outcomes for individuals in the community to ensure they receive the right treatment, at the right time and in the right place in the community with a requirement to monitor this
- a greater focus on accountability for all partners in the Community Care Partnerships to be jointly accountable for delivery of services
- the opportunity to discuss further with Scottish Government the scrutiny arrangements for the governance of the proposed performance management arrangements
- clarity on how integrated services will involve the public and individuals working “on the front line” in spending decisions and how services will manage budget deficits
- clarity on how services will be commissioned/decommissioned
- clarity on the span of responsibility for the role of Jointly Accountable Officer
- an equal focus on clinical and staff governance as well corporate governance arrangements within the Committee structures
- a strengthening of the roles for clinical and care professionals on the Health and Social Care Partnerships and how their knowledge and skills can be used to drive service redesign
- clinical and care professionals being given the responsibility, support, training and time to drive planning at a locality level
- clarity on the roles and remit of the locality planning groups

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?

Care Inspectorate
Healthcare Improvement Scotland

Yes No
Yes No

Comments

We welcome the proposal to initially focus on older people and develop the learning from this. Older people make up the largest proportion of the adult population in receipt of health and social care services so an initial focus on this group makes sense but needs to be based on a clear timetable for change and success measures.

The proposals will hopefully encourage greater sharing of accountability across the public sector and help shape continuing improvement.

The developments funded through the change fund have provided opportunities to test ways of delivering support to individuals and groups of older people. The learning from these could help inform how services are developed and delivered. As part of scrutiny we will consider how pilots have been evaluated and whether they have been incorporated into a strategic plan and used to inform how services will be shaped into the future. Such development opportunity may need to be considered across other adult services to help support change and implementation.

The legislation needs to be clear about which population groups it covers, even where the initial focus will be on a specific group. Planning for and delivering services can cover a span of age groups and need. There needs to be greater clarity about how the intended integration outcomes will be shaped for the whole population. In developing the outcome measures it should be recognised that not all of those that apply to older people can be universally applied while recognising that how these outcomes are realised may be different. The high level outcomes do not acknowledge that there are some key differences in anticipated outcomes for the different groups of adults as well as for children at the time of transition to adulthood.

It is our understanding that although the legislation allows for including improving outcomes for children and young people, further integrated approaches will come at a later stage. We believe widening this agenda to include outcomes for children and young people is important, particularly at the point of transition of young people into adult services. How the community health needs of children will be met should be included within the Health and Social Care Partnership.

We welcome an approach that encourages a shared accountability for strategic planning and commissioning to support improving outcomes. This will be included as a focus of future joint scrutiny.

The holistic needs of older people and overlap with other adult services, such as mental health and learning disabilities need to be recognised as do criminal justice services. We acknowledge that the Chief Social Work Advisor is currently consulting on areas of overlap and the findings from this should be used to further inform legislation and guidance.

There is a potential risk that focusing on older people could act as a barrier to innovative approaches taking place for other population groups. There have been some interesting developments supported by the Change fund and the learning from these needs to be considered so that they don't remain as projects rather than a shift into practice.

We would suggest that evaluation should be built into stages of the implementation process so lessons learned can be built on and impact measured.

The integration of health and social care should also keep pace with the changes currently being proposed to Self Directed Support to ensure they are joined up.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

The proposed framework is comprehensive and we welcome that it includes an emphasis on flexibility to meet the needs of local areas. It is also good to see that the role for clinicians and social care professionals in the role of strategic commissioning of services for adults will be strengthened. They will play an important role in making integration a success as long as these professional groups are recognised on an annual footing.

We also suggest that this consultation should not be seen in isolation and should take account of the inter-relationship between this consultation and the review of Community Planning Partnerships, as it is vital that both are seen as complementary. There is an increasing number of people with dementia who will be supported in the community and there needs to be consideration of how some secondary health service resources such as the role of community mental health teams deliver support. The Care Inspectorate has recognised the differentiation in how services meet the needs of people with dementia and also their (unpaid) carers. Support for carers across the spectrum of health and social care services will be an important factor in ensuring comprehensive integration.

Partners will need to ensure that a focus on older people does not diminish the quality of services to other service user groups. Recognition of the key role that the community can play in provision and capacity building particularly in offering low level support and options that are preventative need to be acknowledged, this can include activities in the community and public health initiatives as well as housing services.

The framework is will be a useful first step in describing the redesign of the governance arrangements required to deliver integrated services. Inevitably the operational detail will require to be tested. If fewer resources are directed towards institutional care then there will be implications for service redesign and community service configuration that need to be more clearly set out and understood. There is an important role for Healthcare Improvement Scotland working alongside the Care Inspectorate in scrutinising how effective the changes will be in reducing hospital admissions.

The high level outcomes set out in the proposals would benefit from greater clarity on how these would be measured, as would how decisions will be made about what is or can be included in an integrated budget. This includes a

definition of “some acute health activity”. Who will be responsible for making the decisions on which resources are included in the budget and how will any benefits be measured? This should include consideration of the range and quality of support available and sufficiency to meet need and deliver outcomes. Although this initial focus is on older people there would be implications into the future when other adult groups are included.

There needs to be more consideration on how information on the proposals are defined and how regularly progress is shared. Inspections of local authority social work services by SWIA found that although information about services was generally available people who used services and their carers wanted information to be more easily available at the time they most needed it.

Sharing information about individual needs between services continues to present challenges and further consideration is needed on this.

To achieve an integrated system, health and social care professionals must be supported to embrace a changing culture and be encouraged to display behaviours which support this. They must equally be held to account for their actions. This should be true at all levels, from middle management to senior health and social care professionals.

A clear statement on initial priorities would help give clarity.

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 that is required?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

The proposals for integrating nationally agreed outcomes into single outcome agreements is important and will be a key lever in driving change.

The good delivery of community based services needs to include the role of housing, health, education and other community planning partners. Audit Scotland reported on the role and function of Community Health Partnerships and the learning from this needs to be taken into account. They highlighted as a key factor the quality of leadership at all levels in delivering good quality outcomes for people and a shared vision of how agencies work together to deliver these.

We support the outcomes focus set out in the proposals, and aligning outcomes between health and social care. This is integral in shaping all future policy at a corporate level in these sectors. However it should also be acknowledged that local authorities and NHS boards also have separate performance management requirements and will continue to report on other statutory performance indicators. Any progress will need to ensure that there is not duplication or a focus on one to the detriment of another.

There will be challenges in agreeing outcome measures that capture both social care and health outcomes for individuals that partners buy into. For example in developing the multi-agency inspection of services for older people's the Social Work Inspection Agency developed a set of performance indicators that were agreed with partners as core measures. These were later adopted by the Joint Improvement Team (JIT). Agreed outcomes for individuals are important, otherwise a focus on performance management information may produce unintended outcomes. For example the focus on people delayed in hospital without clear planning led in some areas to a reduced opportunity for preventative approaches.

We would also acknowledge that outcomes are personal and they will be achieved in different ways for different individuals and groups – there should not be a 'one size fits all' approach to integration. There needs to be some caution in how national outcomes are agreed and measured to ensure that there is agreement on what the measures are and on their interpretation to take account

of geographic variations across the country. There has been limited success to date in getting a set of outcome measures that all can buy into and agree.

The review of the National Care Standards (NCS) must take place in tandem with developments to ensure that these both inform each other.

We further welcome the proposal for joint accountability. However, it will be important to ensure that there is an equal focus and validity of priorities between health and social care. It is also important that outcomes for children and young people are included.

The development of any outcomes and measures must properly engage people who use health and social care services and their carers. It is crucial that they have continued involvement in helping evaluate whether these outcomes are being met in practice. The role of scrutiny bodies in independently examining and evaluating outcomes for individuals and populations will help inform progress made in achieving outcomes from integrated working. This should include primary healthcare services and how they are delivered in community based social care services, such as care homes and care at home.

It would be good to recognise and delineate the complexities of the processes involved to achieve genuinely joint commissioning and integrated delivery of services. This should include consideration of the differences between health and social care particularly in relation to the application of charges and eligibility criteria. There should be a clearly defined outcome that individuals in the community should receive the right treatment at the right time and in the right place in the community or a requirement to monitor this.

Healthcare Improvement Scotland and the Care Inspectorate are particularly interested in being involved in considering and then helping to develop the information and evidence from across health and social care that will be critical to demonstrating progress and to make sure external scrutiny processes are appropriately aligned to support this integration.

We will not have all the answers at the start of this process and should be mature enough to learn and adapt as we develop greater experience from the early adopters.

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

Care Inspectorate Yes No
Healthcare Improvement Scotland Yes No

Comments

The Care Inspectorate and HIS report on the quality of outcomes for people who are using services and make recommendations for improvement. We have not always found a shared commitment across partnerships on how outcomes are delivered.

We suggest that a commitment to delivering successful outcomes should be referenced within the Single Outcome Agreements, however there needs to be a greater focus of accountability for all partners in the Community Planning Partnership to be jointly accountable to deliver. Core to this approach will be how openly the bodies share information.

NHS Boards may comprise more than one Health & Social Care Partnership (HSCP). There will need to be greater focus on delivery by the HSCP.

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?

Care Inspectorate Yes No
Healthcare Improvement Scotland Yes No

Comments

Joint accountability has the potential to move towards more shared accountability but this will need to be tested and reviewed. However there are a number of potential challenges with this. The Joint Accountable Officer (JAO) would report through the separate structures of the NHS board and local authority. What is the level of accountability held by the JAO in:

- Delivering outcomes
- Managing budget
- Managing complaints?

There may also be differences between local and national priorities. How will differences in the priorities and targets be managed? We mentioned earlier the links to Community planning partnerships and the need for clarity on the level of accountability of the partners to jointly deliver.

The document refers to how Community Health Partnerships (CHPs) will be taken off the statute book and replaced by HSCPs. We would seek further clarification on where the responsibility for services for children and young people originally under a CHP will lie if NHS Boards and their partners make the decision not to incorporate this as part of the HSCP. Similar issues exist around the responsibility for adult, child and public protection; and criminal justice services.

While welcoming the ability to apply local discretion on what is included in the partnership, there needs to be greater clarity on how these are resourced and how a real shift in resources is seen and realised. The functions governed by the partnership need to be clear.

Collaborative working between scrutiny bodies will help to ensure improvement without compromising the independence of the scrutiny functions.

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

Care Inspectorate Yes No
Healthcare Improvement Scotland Yes No

Comments

The Care Inspectorate and Health Care Improvement Scotland, as scrutiny bodies, will be equipped and flexible to look at outcomes across different structures.

As local authorities and health boards adapt to meet demands within the sectors and existing financial constraints, they should be given the flexibility to establish HSCPs on a locality model to meet local need. The development and delivery of commissioning strategies will be important in setting how partnerships deliver.

We are unable to comment further on this specific point.

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

Care Inspectorate

Yes No but...

Healthcare Improvement Scotland

Yes No but...

Comments

The proposed committee arrangements have the potential to ensure governance of the HSCP, while recognising that there may be challenges. We would like to see more detail about how this will work in practice before we will be able to make any further informed comment.

We welcome that there will be representation from patients, service users and carers, the third sector and other professionals on the HSCP committee. Their respective roles and contribution should be clearly set out.

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?

Care Inspectorate Yes No
Healthcare Improvement Scotland Yes No

Comments

Whilst the performance management arrangements appear robust, the scrutiny of the corporate and clinical governance elements of these arrangements requires to be strengthened. Healthcare Improvement Scotland and the Care Inspectorate could support this activity and it may be helpful to formalise their roles in respect of these important governance arrangements. We think this is particularly important in light of the potential confusion and overlap of the planning role between Health and Social Care Partnerships and Community Planning Partnerships.

We would welcome the opportunity to discuss further with the Scottish Government an integrated approach to reviewing the quality of care and outcomes achieved. Experience of scrutiny to date has found that strong leadership and clear governance arrangements are crucial to ensuring that change is implemented.

The development of joint inspections is intended to align with Scottish Government policies for the integration of health and care, including reshaping care for older people, carers strategy, dementia strategy and adult protection arrangements. This will build on the work already underway to develop the integrated inspection of children's services.

The inspection of adult services is currently being developed and will focus on services across the local authority and current CHP area, including the extent to which joint planning and delivery of services with NHS and in particular with Primary Care and Community Services, enables older people to continue to stay in their own homes and communities.

To help ensure public confidence, people using health and social care services and their carers must be involved in helping evaluate whether outcomes are actually being met in practice. The Care Inspectorate and HIS have a duty of service user focus. Such a duty should be included for HSCPs.

This is a significant area of development work, which has been given added importance and urgency by Scottish Government's objectives of improving work at the interface of care and health services to ensure that there are improved outcomes for people using services. The advent of the Social Care (Self-Directed Support) Bill is also an important factor in shaping how public bodies work with people and communities to deliver effective support.

HSCPs must also make publicly available clear information on how it is meeting targets and delivering better outcomes for those using health and care services.

We propose to introduce developmental multi-agency inspections later in 2012. The model of multi-agency scrutiny of adult services is still being developed and up-to-date scoping and selection of possible partnership areas for inspection is being evaluated. The development proposed by the Care Inspectorate and HIS, will include working with other scrutiny bodies such as the Mental Welfare Commission, Scottish Housing Regulator, Audit Scotland as well as the Association of Directors of Social Work (ADSW) and NHS Scotland

Initially, the scrutiny will focus on how partnerships:

- are improving older people's care – focussing on reducing delayed discharges from hospital or unplanned and unnecessary admissions to hospital
- are improving care and support that increases the choice and control by service users/patients and carers over the services received
- have improved their emphasis on a shift of the balance of care

We will highlight good practice but would like further clarification from the Scottish Government about who will provide performance support if HSCPs are found to be failing to deliver nationally set targets, and also what action will be taken if after receiving this support there is still a failure to deliver on targets.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

We support central direction in this area. We do not believe there should be anything in the legislation that stops health boards and local authorities from doing this but there should be a degree of equity across all health and social care partnerships. Too little has happened in the past on this agenda when left to local discretion. However, there also needs to be tangible and effective support to local bodies. We suggest that part of the national direction should be to insist on effective delegation below HSCP level. Integrated budgets and resourcing should have sufficient flexibility to enable local prioritisation.

This will give them the opportunity, for example, to deliver an integrated approach concerning young people's transition to services for adults and commissioning strategies that include clarity on which services may also be de-commissioned. This will become important as different models and approaches to delivery of services emerge.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

The Care Inspectorate, and Healthcare Improvement Scotland as part of their joint inspection regime, will seek to measure how well partnerships are making best use of resources within agreed parameters. A challenge in measuring best value is that health services are free at the point of delivery whereas a number of social care services are chargeable. We recognise that to measure best value across complex health and social care services is challenging. We will evaluate what is working well and promulgate good practice as well as reporting on areas for improvement.

Audit Scotland’s review of CHPs found that resources needed to be moved across the whole system as enhancing preventative services required effective joint working. The findings highlighted that although NHS boards, local authorities and CHPs had a key role to play in this it was not possible to identify individual organisation’s contributions again they emphasised the importance of clear leadership at all levels.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

Healthcare Improvement Scotland's experience of integrated working at both clinical and managerial level has identified some learning points: the importance of identifying a baseline of expenditure prior to service redesign; the value of effective financial audit and business systems to track spend; and the importance of involving the public and individuals working 'on the front line' in spending decisions. However in the wider health and social care field finances have generally been aligned rather than integrated. The issue of how the integrated services will manage a budget or a budget deficit is not set out in the paper but will have to be addressed.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

Care Inspectorate: The Social Work Inspection Agency's analysis of the quality of social work services across Scotland concluded that the level of spend on service did not equate to quality of outcomes for individuals. High spend was not always an indicator of good quality service. In some areas services are cross subsidised. This opportunity for flexibility may be reduced by diminishing resources available across the public sector.

This seems essential but may stifle innovation. Healthcare Improvement Scotland is keen to play a role in describing the on-going evidence-base for good clinical practice and working with integrated services to improve care and ensure evidence truly drives good practice.

The Multi-Agency Inspection of Older People's Services identified similar issues in relation to comprehensive services for older people with outcomes not equating to inputs and significant variation between localities in how spend contributed to good outcomes.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

The powers of the JAO need to be clearly set out along with the boundaries of the role.

The Care Inspectorate does not believe the proposals alone will be sufficient to enable the shift in investment, but they will help to streamline the decision making process.

Developments will need to be supported by clear strategic planning that ensures day to day services continue to operate at a time of change. There will need to be greater clarity on how services will be commissioned and where they will be decommissioned.

Realistic timescales and regular review of what is working needs to be built into the process, along with a review of how integrated the budgets are.

The developments supported from the change fund have enabled some testing out of models of care and support. The learning from this needs to be considered and taken into account in any future development of how care and support is delivered.

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

Care Inspectorate Yes No
Healthcare Improvement Scotland Yes No

Comments

We agree with the level of seniority of the jointly accountable officer. There needs to be greater clarity on the span of responsibility of this role. As well as financial responsibilities, role must include ensuring the delivery of good quality of care. They must ensure that decisions made about the best use of the budget includes the accountability of health and care professionals for improving quality of care and outcomes for individuals.

It will also be important to be clear about the roles and responsibilities of the Chief Social Work Officer and their relationship with the Jointly Accountable Officer. The Chief Social Work Officer has statutory powers and duties to fulfil.

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

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

We jointly believe it is difficult to prescribe locality planning and that local people are best placed to plan for local needs. Whatever the shape of locality planning it should take a holistic view of what constitutes a community rather than an artificial boundary around a school or GP practice. Clarification of what is meant by locality planning would help. This planning forum should not be seen as a professional forum and should involve people who use services and carers as key partners.

As scrutiny bodies we will be flexible enough to evaluate how services are working together as well as provide support for improvement and public assurance.

We feel it is illogical in a move towards integrated care that the policy of Self Directed Support continues to be targeted solely at social care. We believe this should also apply to NHS funds and services, so that individuals can secure the full range of services they need to be in control of their care needs.

We think there is merit in including funding arrangements in a list of central directions. In that context, however, we would point out the obvious fact that many of the NHS primary care and community services are generically funded and not discrete in relation to adult care. It would be illogical if the new HSCPs did not include the full range of such funding, with clarity about the extent of the ability to use flexibly (and that has to apply as much to the funding for primary care contractor services as it does to the managed services).

The Committee structures appear to focus primarily on corporate governance, we believe there should be equal focus on clinical and staff governance in the new arrangements as these are important pillars of governance for the health and social care services.

The Scottish Government should set out principles to be followed and leave operational delivery to local determination. We would add that the consultation paper is weak in describing how the wider clinical and care professionals will be enabled to provide their knowledge and skill to drive service redesign – they do not appear to have a strong voice on the HSCPs as currently proposed. This will be essential if there is to be a balance between general management input to the partnerships and professional health and social care input at all levels of the framework, particularly senior level.

A key function of our scrutiny roles is to deliver the evidence for care and treatment and getting evidence into practice may be difficult to deliver if there is not a clear mechanism in the proposals to do this and clinical and care professionals do not have an influential role in community planning.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

HSCPs should be clear about the key partners to involve in locality planning that includes staff from a range of professions. Strong and effective leadership along with clear monitoring processes could help ensure that they are meeting this duty to consult with local professionals.

We believe that, just as the Public Services Reform (Scotland) Act 2010 set out that scrutiny bodies have a Duty of User Focus, a duty should be placed on HSCPs to involve and consult people using health and social care services and their carers.

Arrangements could be tested through an external assurance process.

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?

Comments

As previously stated, health and social care professionals must have responsibility to do so, be trained, supported to lead and develop in adopting a changing culture in planning service provision together, and recognise the importance of sufficient lead in time to do this. As well as taking steps to involve social work professionals and clinicians in developments, the role of middle managers responsible for day to day implementation should be supported and monitored at the most senior level.

Practical steps would include awareness raising and the provision of training to clinicians and social care professionals on their role as part of locality planning. Innovative ways of involving clinicians and social care professionals should be identified that would allow them to contribute to planning service provision and not impact on their current work commitments. This should also include a duty of user focus. It will also be important to be clear about the roles and responsibilities of the Chief Social Work Officer and their relationship with the Jointly Accountable Officer.

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

Care Inspectorate
Healthcare Improvement Scotland

Yes No as it currently stands
Yes No as it currently stands

Comments

There are a number of different characteristics that define localities, not just GP practices. Locality planning should be focused on the needs of the local population and organised in a logical way that is credible to the local population.

There needs to be greater clarity of the roles and remit of the locality planning groups and how far they can influence the strategic planning across the partnership.

Consideration should also be given to the needs of those living in rural or Island communities where localities may be defined in different ways.

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

Comments

Locality planning should be focused on the needs of the local population and organised in a logical way that is credible to local people. This is contingent on meeting nationally set outcomes and remaining within the budget set for the partnership.

The role and remit of HSCPs need to be clear.

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?

Care Inspectorate

Yes No

Healthcare Improvement Scotland

Yes No

Comments

There must be evidence about the optimal size of localities in the research literature so using the evidence base to support the ultimate recommendations on locality size would be wise.

Locality planning should be focused on the needs of the local population and organised in a logical way that is credible with the local population not on the application of a formula.

Do you have any further comments regarding the consultation proposals?

Comments

We are supportive of the Scottish Government's proposals to encourage the integrated systems of health and social care – encouraging Local Authorities and NHS Boards to move forward together in achieving better outcomes for people using health and social care services, while still giving them the flexibility to work together to meet the needs of those in their local area.

Local area networks have been developed to bring together scrutiny bodies working within a local authority area. The involvement of the Scottish Housing regulator in these recognises the important role of housing in delivering community based services.

We will ensure that we work closely with our scrutiny partners and professions regulators to support innovation as part of the integration of health and social care. Our role as a scrutiny body will help monitor how this is implemented, whether outcomes are being achieved and highlighting good practice.

We are committed to work constructively with the other national scrutiny and regulatory bodies to assist the development and implementation of the proposals and welcome the opportunity we have been given to sit on the Bill Advisory Group and Health and Community Care Delivery Group.

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

No comments.

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

No comments.