

Appendix 1 – Comparison of Scottish Government Response with locally agreed principles

Locally Agreed Principles	Proposed Legislation	Further Comment
<ul style="list-style-type: none"> All adult health and social care services, including acute services, will be included from the outset; opportunities to extend integration across other service areas, for example, children’s services, will be actively explored 	<p><i>It is our intention to legislate to require Health Boards and Local Authorities to integrate health and social care services for all adults, and to leave it to local agreement to decide whether to include other areas of service, such as housing or children’s services, within the scope of the integrated arrangement</i></p>	<ul style="list-style-type: none"> Reflects intent in agreed local principles to focus on integration of Adult services, with flexibility for widening scope determined by local factors Recognises that chronological age may limit the opportunities to improve outcomes across the lifecourse Recognises the wider contribution than health and social care Enables local consideration to be given to integrated arrangements that may include children’s services, Criminal Justice and housing Recognises however the need to ensure an improvement in outcomes particularly for older people with Long Term Conditions.
<ul style="list-style-type: none"> A joint health and social care board will have oversight of the delivery of all commissioned services, from both the NHS and the Local Authority, and will comprise elected Council Members, NHS Board members and an appropriate role for accountable officers. Integration must focus on improved health and wellbeing outcomes for local people; quality of care and the needs of the individual are central to how we plan and provide services. 	<p><i>It is our intention to legislate for the principle that Health and Social Care Partnerships should be held to account for their delivery of nationally agreed outcomes</i></p>	<ul style="list-style-type: none"> Reflects intent in agreed local principles to ensure alignment with national and local outcomes through the SOA, and focus on delivery through HSCP Recognises principle of agreement to SOAs as a vehicle for this Recognises the need for consistency and quality in terms of outcome measurement and frameworks across Scotland, balanced with the need to ensure local circumstances are reflected Also takes cognisance, in principles, to ensuring that outcomes reflect personal experiences and improvement in wellbeing Recognises the need to ensure outcome frameworks are flexible over time to reflect evolution in services under integration

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<ul style="list-style-type: none"> • Clear and robust decision-making structures will fully reflect the unique and different roles of the NHS and the Local Authority, retaining the respective accountability for resources, outcomes and performance and quality of services through a continuing commissioning approach. • Health and social care services in each locality will be accountable to their local community and a joint partnership board. • Local GPs must be at the heart of our community and locality services. 	<p><i>It is therefore our intention to legislate for committee arrangements that confer voting rights on statutory members of the Health and Social Care Partnership Committee, and to strengthen these arrangements by legislating to require additional membership of the committee covering professional, carer, user and public interests</i></p>	<ul style="list-style-type: none"> • Reflects intent in agreed local principles to ensure statutory partners' roles are reflected in HSCP establishment and that professionals and community must have role in HSCP • Recognises the 'significant' statutory and budgetary responsibilities of the Local Authority and Health Board • Recognises that delegation of authority from Health Boards and Local Authorities to Health and Social Care Partnerships can only happen where members of that body are publically accountable for their decisions • Recognises also the benefit to partnership working of involvement of individuals working across health and social care and decision making being informed by local expertise of professional, carer, user and public representatives
<ul style="list-style-type: none"> • Clear and robust decision-making structures will fully reflect the unique and different roles of the NHS and the Local Authority, retaining the respective accountability for resources, outcomes and performance and quality of services through a continuing commissioning approach 	<p><i>We intend to legislate for the principle that Local Authorities and Health Boards will have parity of voting power on Health and Social Care Partnership Committees</i></p>	<ul style="list-style-type: none"> • Reflects intent in agreed local principles to ensure statutory partners' roles are reflected in HSCP establishment • This is in response from concerns from larger Local Authorities about assuring appropriate breadth of membership and in terms of being proportionate to the amount of resources provided by Local Authorities for the delivery of social care • Further work being undertaken with COSLA, NHS and Scottish Government to support this legislative intention

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<ul style="list-style-type: none"> • Clear and robust decision-making structures will fully reflect the unique and different roles of the NHS and the Local Authority, retaining the respective accountability for resources, outcomes and performance and quality of services through a continuing commissioning approach 	<p><i>It is our intention to legislate on the basis that a Health and Social Care Partnership will be formed between one Local Authority and one Health Board, but to make provision for Ministers to consider applications for more than one Local Authority to form a single Health and Social Care Partnership with the same Health Board.</i></p>	<ul style="list-style-type: none"> • Not specifically relevant to Dumfries and Galloway due to coterminous boundaries • This enables special cases to be considered by Scottish Ministers to allow more than one Local Authority to form a Health and Social Care Partnership with one Health Board • This section also sets out that accountability for the effectiveness of the Health and Social Care Partnership will sit with the full Council and Health Board, rather than the Council Leader and Board Chair as had been set out in the proposal • Sets out the principle of a Partnership Agreement being developed and a Joint Strategic Plan to be overseen by the Health and Social Care Partnership which will set out the partnership's plans to deliver agreed services within the integrated budget.
<ul style="list-style-type: none"> • Services will be provided at community or locality level wherever possible and we will avoid unnecessary hospital admissions and duplication of professional input • Health and social care services in each locality will be accountable to their local community and a joint partnership board • Clear and robust structures will provide for full delegation and empowered decision-making • An integrated budget should be in place to respond to all situations; the work being progressed in Dumfries and Galloway on a Joint Resourcing Framework will assist 	<p><i>It is our intention to legislate so that it is necessary for all local partnerships to reach agreement on integrated arrangements to be implemented locally, subject to the specifications described in legislation. It is our intention to make provision for arrangements to be put in place where there is local failure to agree.</i></p>	<ul style="list-style-type: none"> • Reflects early work in agreeing principles and requirements for detailed arrangements to be agreed locally • Scottish Ministers have invited COSLA to undertake more work on possible other models of integrated budgets, in addition to those set out in the initial proposal • Sets out the principle of commitment to a single, integrated budget for the delivery of adult health and social care services covering primary care and aspects of secondary care • Scottish Ministers intend to legislate for a minimum range of functions to be delivered by this budget

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<ul style="list-style-type: none"> • Integration must focus on improved health and wellbeing outcomes for local people; quality of care and the needs of the individual are central to how we plan and provide services • Health and social care services in each locality will be accountable to their local community and a joint partnership board • Local GPs must be at the heart of our community and locality services. • Professional leadership and oversight and practice development should remain with senior professional officers in each organisation • Professionals will be freed up to focus on delivery and solutions, learning from experience through, for example, Joint Future 	<p><i>It is therefore our intention, as respondents have suggested, to legislate for a duty on Health and Social Care Partnerships to 'engage with and involve', rather than merely 'consult' local professionals, across extended multi-disciplinary health and social care teams, the third and independent sectors, and for representatives of patients, people who use services, and carers regarding how best to put in place local arrangements for planning service provision.</i></p>	<ul style="list-style-type: none"> • Reflects intent in agreed local principles to ensure in HSCP establishment that professionals and community must have role in service planning and decision making • This acknowledges the benefit to the Health and Social Care Partnership of the involvement of stakeholders at a local level and to undertake planning and commissioning to support a locality planning model • Ministers do not intend to legislate on the specific form or nature of locality planning arrangements, preferring to leave that to guidance and local determination