**Introduction**

Voluntary Health Scotland is the national voice of the voluntary health sector with around 400 members. We welcome the opportunity to submit a response to the Health and Sport Committee’s call for written views and evidence on the Public Bodies (Joint Working) (Scotland) Bill. Our comments below reflect consultation with the sector through attendance at events and through individual discussions with members. We have also shared this response and sought feedback from members.

**Questions**

1. **Do you agree with the general principles of the Bill and its provisions?**

The policy memorandum sets out the policy ambition and overarching principles of the Bill. Voluntary Health Scotland agrees with these principles, which describe a framework for joined up care that delivers better outcomes for patients, services users and carers, focusing on a person-centred approach to effectively address the needs of individuals. This person-centred approach should build upon current legislation and initiatives and embrace principles highlighted as part of the Christie Commission[[1]](#footnote-1). We would further stress the importance of a focus on human rights as a guiding principle to the Bill to protect dignity and quality of life, ensure individual needs are taken into account and ensure service users are effectively involved in the planning process.

However, while the Bill details integration planning and delivery principles, it does not adequately reflect the overarching policy ambition and principles of person-centred approaches, collaboration and co-production. We appreciate the rationale behind this approach, and the legal difficulties in defining principles in legislation. However, we and our members, agree that people-focused principles should be set out at the start of the Bill to demonstrate that the aim of structural reorganisation is to provide more integrated, consistent and quality care. We highlight the approach taken in the Social Care (Self-directed Support) (Scotland) Act 2013[[2]](#footnote-2) as good practice, and support a similar approach with the Public Bodies (Joint Working) (Scotland) Bill with the inclusion of general objective/principles into the main body of the Bill.

The provisions of the Bill centre on integration at a strategic level and statutory responsibilities of integration authorities. However, successful health and social care integration is contingent on a range of factors, of which structural reorganisation is only one. Northern Ireland has had a structurally integrated system of health and social care since 1972. However, evidence from Northern Ireland[[3]](#footnote-3) has shown that there can be difficulties with integrated systems, notably through inequitable resource allocation, priorities, identification of need and performance targeting. The Northern Ireland integrated health and social care system has not realised its full potential and the opportunities provided by the structural organisation have not been fully capitalised upon. The Audit Scotland 2011 Review of Community Health Partnerships[[4]](#footnote-4) also highlights a number of challenges in the integration of health and social care and concludes that effective local leadership and a commitment to develop partnership working over a sustained period is also needed. We would welcome further consideration of incorporating a ‘route map’ to integration in the Bill, incorporating people-focused principles and partnership working, which would accompany and complement structural reorganisation.

The policy memorandum also highlights a disconnect between primary and secondary care, and, acute and community care within the NHS. However, the provisions of the Bill do not address this disconnect and this will impact upon the effectiveness of integration plans. We would welcome further consideration of this reflected in the Bill.

1. **To what extent do you believe that the approach being proposed in the Bill will achieve its stated policy objectives?**

The approach proposed in the Bill places significant focus on the structural reorganisation of public bodies as the route to integrated services. However, there is a disconnect between this and the policy objectives to; improve the quality and consistency of services for patients, carers, service users and their families; provide seamless, joined up quality health and social care services; and effectively and efficiently deliver services that meet people’s needs.

Structural reorganisation will not automatically lead to these outcomes and further work is necessary to ensure the Bill results in effective services for individuals. The Bill does not effectively address unintended consequences of integration, such as the short-term division of resources and focus, and issues surrounding transitions between services and atypical scenarios that can ‘fall through the gaps’. Here lies an intrinsic tension between person-centred approaches, collaboration and co-production and the realisation of a joint bureaucracy and the budgetary, structural and cultural tensions that accompany this.

We would advocate a holistic approach to the integration of health and social care, which draws on learning from the rest of the UK, and seeks to integrate structural reorganisation with effective partnership working and person-centred principles. Evidence submitted to the Christie Commission demonstrated that effective collaboration and partnerships with people and communities makes a real difference. It recommended that the government should use these models to ensure legislation benefits individuals and communities. We would welcome further consideration of incorporating a ‘route map’ to integration in the Bill, incorporating people-focused principles and partnership working, which would accompany and complement structural reorganisation.

The third sector contribution to achieving the stated policy objectives is significant, and while this contribution is recognised within the policy memorandum, it is missing from the proposed legislation. The third sector brings a range of resources and expertise to integration in terms of:

* providing valuable support and services, both in collaboration and independent of the statutory sector
* adding insight and intelligence in the strategic commissioning process
* maintaining close links to service users and communities, which enables their voices to be heard, and
* accessing hard to reach groups.

The third sector should be acknowledged as a strategic partner in the integration of health and social care, and engaged with throughout the development of integration authorities and strategic plans.

1. **Please indicate which, if any, aspects of the Bill’s policy objectives you would consider as key strengths**

Voluntary Health Scotland agrees with the Bill’s policy objectives, subject to considerations detailed in question 1 above. We welcome the emphasis on integration of health and social care and the legislative duty on local authorities and health boards to integrate their services.

The development of national health and wellbeing outcomes will be critical to this process and we, the third sector, welcome the opportunity to contribute to the development of these shared objectives as detailed in Part 1: Section 5 (4) to ensure the vision of better outcomes for patients, services users and carers is achieved. We anticipate that the integration of health and social care will have a positive impact on openness of strategic commissioning, timely decision making and funding agreements and accountability.

1. **Please provide details of any areas in which you feel the Bill’s provisions could be strengthened**

We do not believe that the proposed legislation effectively acknowledges or utilises the knowledge, resources and skills of the third sector. Partnership working with the third sector is crucial to ensuring the suitability and sustainability of services within an area. We believe that the legislation, omitting engagement with the third sector in the development of both integration and strategic plans, is flawed. We would recommend strengthening these provisions to ensure third sector involvement, especially if integration planning and delivery principles are to be achieved.

As previously outlined, the third sector has significant experience in delivering services that suit the needs of individuals and communities and have access to people that local authorities and health boards do not. As such, we believe that the involvement of the third sector should be strengthened in primary legislation to ensure involvement in designing and delivering services. Evidence from the JIT Health and Social Care Integration Enquiry**[[5]](#footnote-5)** shows that many areas have processes in place for planning shadow arrangements; within these, there has been variable engagement of key stakeholders. We believe that omission on a duty for integration authorities to consult and engage with the third sector will directly impact on the consistency of services across Scotland.

We acknowledge the inclusion of third sector organisations in the Bill in relation to the development of the national health and wellbeing outcomes. However, would recommend the inclusion of third sector organisations in the following sections of the Bill:

Part 1: Section 6 – Consultation

Part 1: Section 12 - Integration joint boards: further provision

Part 1: Section 26 - Establishment of consultation group

We note from the policy memorandum that the remit of the Bill is to provide a framework to integrate adult health and social care services as a minimum, and for statutory partners to decide locally whether to include other functions in their integrated arrangements. The JIT Enquiry highlights that again in planning shadow arrangements, there are inconsistencies across Scotland as to what is included in integration arrangements. For example:

* 4 partnerships intend including aspects of children’s services and 6 are also actively considering this.
* 4 partnerships intend including criminal justice and 5 partnerships are also actively considering this.
* No partnership had intentions to include their housing departments in formal integration arrangements. Housing support is already integrated within social work for a number of partnerships and 3 partnerships are also actively considering this.

This creates a confusing landscape across Scotland for members of the public, service users and carers and impinges on the consistency of care across Scotland. It also creates questions for national third sector organisations and their ability to seek to influence nationally in future and engage with third sector interfaces. Similarly, transitional services are not included in legislation and we as a sector are concerned that transitions between services and atypical scenarios can ‘fall through the gaps’. We would recommend further strengthening of provisions for including other functions in integrated arrangements and clarification is required on how these elements connect with community planning partnerships.

The Policy memorandum notes the importance of ensuring the effectiveness, quality and safety of services. However, third sector providers have noted the absence of ‘ensuring quality’ in the Bill itself. Accountability, assurance and ensuring that vital services continue to be provided to a high standard remains high on the third sector agenda. National standards could be referenced in the Bill, along with clear guidelines for independent scrutiny of quality, performance and the achievement of national outcomes.

We are also concerned around how the Bill links to existing legislation, for example, the Self Directed Support Act, and the complexities the integration of health and social care will introduce for service users, carers and families. We are also concerned about the provisions in the Bill for public involvement in the scrutiny of integrated services and how patients, service users, carers and their families can influence, feedback and complain about services in accordance with the Charter of Patient Rights & Responsibilities[[6]](#footnote-6).

1. **What are the efficiencies and benefits that you anticipate will arise for your organisation from the delivery of integration plans?**

As the national voice of the voluntary health sector, we believe that if the third sector is involved in the design and delivery of integration plans, this will lead to improved engagement between third sector organisations and statutory bodies. However, in order to do that, the provisions within the Bill need to be strengthened as described in our response above, to identify the third sector as equal partners in planning and decision making processes, including full membership of joint integration boards. This would recognise the equal input of the third sector into the partnership.

There needs to be a strengthened focus on integrated care and focusing on a framework for joined up care that delivers better outcomes for patients, services users and carers. This does not just include statutory bodies and as we have demonstrated, the third sector is a key partner in the delivery of services and can bring a number of advantages to the framework, including:

* Providing valuable support and services that complement and collaborate with, or those that are missing from statutory services
* Accessing hard to reach /isolated individuals that can be reluctant to engage with statutory bodies
* Tackling health inequalities through holistic approaches that take the social determinants of health into consideration, and
* The ability to move quickly and flexibly, to respond to patient and service user need without bureaucratic constraints.

1. **What effect do you anticipate integration plans will have on outcomes for those receiving services?**

Both integrated health and social care, and integration plans have the potential to positively impact on patients, service users, carers and their families. In line with the policy objectives of the Bill, this if developed effectively can lead to significant outcomes for people. However, this depends on the suitability of the framework adopted in each integration and strategic plan and the development of national health and wellbeing outcomes. This is not only dependent on the structural reorganisation of statutory bodies, but also includes the following:

* principles of person-centred approaches, partnership working, collaboration and co-production are realised and key stakeholders are engaged in the process
* lessons are learned from the rest of the UK, and former initiatives e.g. the review of CHPs, and
* recommendations from enquiries such as the Christie Commission are taken into account.

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1. <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf> [↑](#footnote-ref-1)
2. <http://www.legislation.gov.uk/asp/2013/1/contents/enacted> [↑](#footnote-ref-2)
3. <http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/integrated-care-in-northern-ireland-scotland-and-wales-kingsfund-jul13.pdf> [↑](#footnote-ref-3)
4. <http://www.audit-scotland.gov.uk/docs/health/2011/nr_110602_chp.pdf> [↑](#footnote-ref-4)
5. <http://www.jitscotland.org.uk/downloads/1369326538-Health%20and%20Social%20Care%20Integration%20Enquiry%20-%20JIT%20Conversation%20with%20Partnerships.docx> [↑](#footnote-ref-5)
6. <http://www.scotland.gov.uk/Publications/2012/04/6273> [↑](#footnote-ref-6)