

Introduction

Founded in 1980, Cornerstone has grown rapidly to become one of Scotland's largest charities and voluntary sector social care organisations, employing over 1300 staff.

Cornerstone provides a wide range of care and support services to over 1300 adults and children across 20 local authority areas in Scotland.

Cornerstone's aim is "to enable the people we support to enjoy a valued life".

Thank you for this opportunity to comment on the proposals.

Annex G Consultation Questionnaire

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?

Yes No

We recognise that assuring the ongoing provision of good quality, sustainable services for older people is a priority and understand the reasons why improving outcomes for older people is the initial focus. However, although the consultation document does recognise the importance of ensuring alignment and coherence between these proposals and concurrent legislative proposals (e.g. for children's services) an outline of the implications upon other client groups should be explored further with indicative timescales and clarity on plans beyond that considered in Annex B.

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?

Yes No

The outline of proposed reforms is reasonably comprehensive and we welcome the intention to improve outcomes and accountability. We would however, suggest that the guiding principles could be clearer and based more upon equality and human rights. We understand that the proposals are not based on 'centrally

directed structural reorganisation' and will not impose operational delivery arrangements. This makes it even more important for the voice of people who use services to be heard and for them to become active and equal partners in locality planning and commissioning, particularly in relation to the management of (integrated) personal budgets under intended SDS legislation.

The framework also notes that the role of the third and independent sectors 'will be strengthened' and refers to these sectors as 'crucial partners.' The integration of health and social care is a major opportunity to create strong partnerships: the third sector in particular should be a partner in joint commissioning and locality planning and the proposals need to reflect a clearer understanding of the role, importance and contribution of the third sector.

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 that is required?

Yes No

Joint and equal accountability for nationally agreed outcomes is welcomed. The draft integration outcomes in Annex A are a good starting point in this development and they can support the development of services that are built around the needs of people and communities.

We are concerned however about the complexity of the Quality Measurement Framework and the related 'suite' of indicators and measures. It is reported that the framework 'enables partners to jointly drive and track progress...through better integration, supported by the development of Single Outcome Agreements.' It is not clear however, how reporting and scrutiny can and would be questioned when the joint outcomes are not being achieved: an outcomes led approach to reform is welcomed but it must distinguish between outcome and output and be open to scrutiny and challenge, particularly by the individual being supported.

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

Yes No

But note comments above in relation to scrutiny and challenge.

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?

Yes No

'Integration requires a shared vision and a mutual willingness to change and compromise' - joint accountability can provide the right balance of accountability but will not necessarily deliver unless objectives are clear and relationships are developed which are based upon trust. The inclusion of the third sector as a major service provider and advocate on behalf of individuals and communities in receipt of services is noticeably absent from the debate on strategic accountability.

There needs therefore to be a much clearer (strategic) role for the third sector: as an equal strategic partner in joint commissioning and locality planning partner, the sector can help to drive this reform agenda particularly in relation to promoting early intervention and prevention and engaging appropriately with individual and community stakeholders.

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

Yes No

There can be challenges for some third sector providers such as Cornerstone who have a national profile, in having to manage the varying contractual and operational expectations of different local authorities.

Health services already work across Local authority 'boundaries' and Local

Authorities already work collaboratively in some areas: there should be scope therefore to establish partnerships across boundaries, with as noted in response 5 above, closer involvement of the third sector.

However, in the absence of an agreed definition of 'locality' and with the continuing objective to build services around the needs of people and communities, there may need to be further explanation in the integration proposal to determine what limits (if any) there should be on 'local determination.'

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

Yes No

As noted above the third sector should be a partner in joint commissioning and locality planning and should also be a voting member of the Partnership Committee. Limiting the role (4.18) to that of representing 'the professional and service user perspective' is inconsistent with the sector's recognition as a 'crucial partner' (1.18).

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?

Yes No

See response to question 3

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?

Yes No

But there needs to be some degree of national consistency and perhaps related guidance to support and monitor this.

Integrated budgets and resourcing

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?

Yes No

The models described in the proposal **should** be able to successfully deliver the objectives. However, the proposal notes that with integrated budgets, the resource will ‘effectively lose its identity’ and whilst we welcome the intention, we are concerned that this new localism will not be supported by the complex performance framework (noted in response to question3). The ‘community of governance’ noted in 4.11 suggests that a lack of shared vision, trust and transparency could leave each partnership particularly vulnerable.

It is also not clear what budgets are likely to be included e.g. housing support? acute services?

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?

Yes No

Experiences have been generally disappointing due to:

- different lines of accountability (for budgets);
- a lack of clarity over purchasing responsibilities;
- a lack of agreed objectives; and
- a lack of recognition of the third sector contribution.

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?

Yes No

Section 5.9 of the proposal notes the desire to remove financial incentives or

disincentives ‘getting in the way of ensuring the best possible outcome for the individual.’ If providing direction on the minimum categories of spend does indeed ‘remove that tension’ then this is welcomed – but the consequences of not following any directive or not meeting the objectives need to be explicit and enforceable.

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?

Yes No

As noted in 6.3 of the consultation the role of the Jointly Accountable Officer (JAO) is central to the potential success of the proposals. This section also informs the response to question 13 in that ‘the post-holder must carry sufficient authority to make decisions about resource prioritisation without needing to refer back up the line…’

However, successful integration is as much about culture and behaviours. Whilst this provides a welcome opportunity to create strong local partnerships there needs to be greater clarity about how the principles of choice and control within self directed support ‘fit’ within the proposals in general and the role of the JAO in particular.

And note earlier response to question 10.

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

Yes No

Note above response

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?

Yes No

See earlier response to question 6 – there needs to be more discussion and clarity on the definition of ‘locality’ and ‘local determination’: what are the boundaries likely to be recognised by partnerships and how much flexibility is anticipated as we move towards health and social care integration?

If the reform agenda is to focus on getting the best services for people wherever they are and whatever their needs, the Scottish Government should direct how locality planning is taken forward...and it needs to be prepared to provide a stronger voice for those who use services to become active and equal partners particularly in terms of scrutiny and performance review and the development of SDS.

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?

Yes No

Consequences of non compliance need to be clear and enforceable.

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?

No particular comment but note earlier response to question 2

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

Yes No

See comments in response to questions 6 and 15 – locality planning could be organised around GP practices but size, location and workload pressures will vary considerably. Section 7.5 of the consultation paper notes that ‘it will be important to ensure the direct involvement of local elected members, representatives of the

third and independent sectors and carers' and patients' representatives – how?

If greater localism is to improve outcomes, and support the prioritisation of preventative and anticipatory intervention, the commissioning of services will become more important – as reported by Audit Scotland (March 2012) this needs to invest in prevention, involve providers more and refocus on impact.

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

Partnerships should be prepared to devolve responsibility and decision making where locality groups are achieving agreed set objectives.

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?

Yes No

As noted in earlier comments it is difficult to be prescriptive in terms of size or range – the key objectives to drive better outcomes for people and build stronger local delivery arrangements should enable partnerships to best determine the make up of each locality.

Do you have any further comments regarding the consultation proposals?

Improved joint commissioning of care and support services is essential to enable third sector providers to maximise the contribution they can make to this important agenda.

The development of Self Directed Support is not adequately recognised and there needs to be a more explicit 'fit' within these proposals.

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

Initial impact assessment is helpful – the potential implications of charging policies are particularly important during a period of welfare reform

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

Seems to provide a reasonable view of the likely costs, benefits and impact of options – however, the reduction in rates of acute bed use will only become significant if preventative and anticipatory community based services are adequately resourced.

If the amount of commissioned social care is expected to increase then a much clearer and transparent understanding of costs is required by commissioning and procurement teams, particularly in relation to comparative ‘in house’ costs.