

1. The Case for Change

There have already been a lot of improvements in health and social care in Scotland but we can still make things better. Health and social care work differently and that makes it hard to provide a good level of care to people who need these services.

For example, at the moment, older people are admitted to hospital or a care home too often because they do not receive the right support to help them stay in their homes or another place where they would want to live.

See Question 1 on page 8 – Tell us what you think?

2. Outline of Proposed Changes

The Scottish Government would like to integrate adult health and social care so that people can stay in their home and receive the care they need at home.

We want to:

- improve adult health and social care services in Scotland
- get the best support from health and social care professionals
- join up the money that health and social care have
- work with healthcare professionals and the voluntary sector to plan services
- provide more care services in the community

Decisions about how the money would be spent would be made by Local Councils and Health Boards with their communities.

What this will mean for patients, people who use the services and carers, is that people would be helped to live well at home or in the community. The services provided by health and social care should be better.

People who provide care for their family would still be able to do this but should have more time for themselves.

See Question 2 on page 8 – Tell us what you think?



Integration of Adult Health

And

Social Care Services

Consultation Sessions

12 June & 3 July 2012

Seniors Together in South Lanarkshire – who we are

Seniors Together is a network of organisations working in partnership to change attitudes and services to achieve an improved society for older people.

We are committed to engaging older people in decision making and consulting with them on how best we can deliver activities & opportunities in retirement while making sure that they have their voices heard regarding service design and delivery.

Our mission is to be the leading Older Peoples network organisation in South Lanarkshire ensuring our membership is equipped to play a full and active role in the community through the promotion and delivery of learning, information and collective action.

Aim of the sessions

The aim of the consultation sessions was to assist representatives to understand what the integration proposal is suggesting and facilitate participants to make their views known.

The session was chaired by Anne Hopkins-Simpson from South Lanarkshire Council, Enterprise Resources and the group are grateful to her for taking on such a demanding role.

The following text is notes and comments from the flipcharts at each of the sessions.

Setting the Scene

We think the purpose of the proposed integration is that the government is:

- Looking for a national set of shared outcomes
- To spend less money on institutional care
- Save money

It was noted that the Consultation which opened on 8 May has been extended to September 2012

Also noted that people can attend a Consultation Seminar in the Mitchell Theatre on 4 July

Delegates & groups taking part in the Seniors Together consultation included:

- Seniors Together members
- South Lanarkshire & Hamilton Public Partnership Forum
- South Lanarkshire Access Panel
- Princes Royal Trust for Carers, Lanarkshire Carers Centre
- South Lanarkshire Carers Network
- Lanarkshire Ethnic Minority Action Group
- Officers of South Lanarkshire Council and NHS Lanarkshire

20 Questions

The Consultation response document sets out twenty questions which the government are seeking a response to:

Question 1- Comments from Delegates

- A good approach as long as self directed support is available
- Is it achievable?
- Is it fundamentally about savings?
- What is the driver for change?
- Is this practicable?
- Is a seamless service something that people want?
- Outcomes for older people should be the driver (need to be clear that outcomes for carers/service users/patients are also included and considered.
- Outcomes can only be measured by what service users experience from service inputs

Some issues include:

- Delayed discharge
 - Staff?
 - Sustainability
 - Change Management
 - Lessons learned from other parts of the country – are these being considered?
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- Need to also highlight what works/examples of good practice
 - Service user/carer experience

Q1 continued

- 2 local authorities versus 1 Health Board = a huge challenge
- Local communities need to feel confident that integration is achievable – How can Government make sure this happens?
- A mechanism needs to be put in place to capture patient experience and have flexibility to change.
- Phase in the integration
- Identify the barriers from the outset
- Make sure the integration is driven/created by patients needs
- Choice and control - this needs to be meaningful

Question 2 – The Vision

- A joint partnership with integrated budgets with minimum expenditure
- 1 senior joint accountable officer to oversee the process
- Develop community service provision and capacity building of individuals
- Need to involve lay persons in the new partnership at the beginning
- Carers are a key partner in the delivery of care and need formal recognition and inclusion – need to be setting the national outcomes
- Welfare Reform needs to be taken into account and the impact of this along side the impact of the proposed integration of services.
- Need to agree numbers who will be engaged in the process
- Communication is essential
- **Picture of Health** - we believe this was a good example of community communication which Government should adopt for this process.
- **The proposal document** – good in principal but many gaps i.e. what are the shortfalls at present? E.g. one centralised telephone number for all NHS hospital appointments has not been successful for some patients – need something new with involvement from patients in design of service
- Inform communities in advance of changes

- Consultation is an ongoing process – feedback is essential
- Patient experience should be sought at all times when change is proposed
- **NHS reporting** – how is it done/what are they reporting on?
- **Budgets** – need to make sure that service users/carers/patients can influence how money is spent
- A successful Integration will need a good staff/management balance

Consultation with the wider public – There is too much dependency on the internet. There needs to be publicity on TV & Radio to involve the whole nation on proposals. Too ad hoc just now, Language difficulties – need to consider.

Questions 3 & 4

- Needs to be a method for individuals feedback to be fed direct to government
- Service users/carers should be involved in the development of KPI's
- Accountability? – Joint Accountable officer -outcomes should be monitored nationally, locally and be accountable to the people
- Democratic Deficit
- Mystery Shoppers
- The whole paper feels as though it has been written with a managerial view – How does the general public break into this?
- Single Outcome agreements – it's crucial that the outcomes are set within the SOA. Outcomes have to be flexible. Clear straight forward outcomes.

Question 5

- Not clear how individuals can influence the direction of spend within the joint board
- How will lay people be supported to make a meaningful contribution to the process?
- Accountability - Joint chairs appointment don't see the integration of management here
- Need to see a structure
- Service users/carers need to be voting members and be fully represented and involved
- Non democratic set up is alarming from a lay person's point of view.

Question 10/11 & 12

- How will charging policy be affected?
- Clear packages of care and what services are chargeable
- Will an individual service user's budget allocation travel with them?
- Loss of workers identity
- Different staff skills set. Training/Joint training will be essential
- Capacity Building – who will take on this responsibility?
- Will there be gaps in service
- Standards of assessment/models
- Practical tasks including housework are really important to people and they need to be able to receive this as part of an assessment of need.
- Don't start with a blank page
- Do more of what works
- Assets based approach

Choice of Control

- Needs constant monitoring so that we prevent there being any "victims" of the change
- Locality planning – where do local people fit into this?
- How will GP's become part of the intergration.

Question 10

- Budgets are not finite. Need to make sure that funds available keep up to pace with changes in the economy
- Current home care services are "capped". These barriers are now being removed. Concerns about how the budget for services is currently used. How will government ensure that people who require residential or nursing are moved to the care home timeously and not be stuck in hospital
- Need a level of confidence in proposed integration so that anxiety experienced by service users and carers is removed
- Assessments need to be more holistic and should be a family assessment rather than service user only. This will ensure that carers needs are also highlighted
- Important to ensure that families are supported to have Power of Attorney in place

- Will it streamline the assessment process i.e. one worker being able to “call on” services rather than a host of staff calling on various parts of social and health care services
- How will “bed blocking/delayed discharge be prevented?
- Preferred model is establishment of corporate body with a budget for services
- Both professions need to change their mindset
- Needs to be “National” consistency in service delivery
- Need to create a culture of managing expectations positively
- Need a shared set of outcomes. Why don’t we just merge and become one organisation
- Choice! What if a service user wants to live in a care home
- Hospitals are closing regularly due to lack of beds. How will this be resolved with even more older people living at home. Inappropriate discharges are being made to free up bed
- Not enough support provided to assist people to take part in consultation. Big reports/language/layout etc. Timescale need to be longer and participation more meaningful.
- Need enough staff to undertake “capacity” assessments timeously.
- Need to move away from “over 65” to level of need.
- Conflict across Government initiatives. When are you an “older person”?
- Services are not “people centred” currently and we need to move to this and be clear about “person centred” care and what it means
- People are still being discharged with Hospital Acquired Infection.
- People being discharged too early and are depending on NHS 24 for support.
- Communication between professionals and hospital and the Patient/family carers is very poor
- Lack of resources is creating the issues with Health and Social Care

- Systems need to be developed first that can make best use of the Resources available.
- Staff on the ground highlight issues with resources and potential solutions, however this is often ignored by management.
- Adults with incapacity can be stuck in hospital for up to a year while the legalities are being pursued. Guardianship is long and costly process.
- The right information needs to be available at the right time for service users and carers
- A public health message should be given about the Power of Attorney and educate and promote the process
- Need to prioritise how budget is spent and this is done through consultation

Question 12

- Massive change in culture for Health and Social Care staff and this will be key to the success of the proposed changes.
- The jointly accountable officer should be independent and have an accountant qualification
- This person should come from the Independent Sector/a volunteer even who is supported in this role. The J.A.O will need a level of autonomy
- Money should follow the person
- Welfare Reform Act will have a huge impact on service users and carers and the process
- The future housing needs of older people will also need to be considered as part of this process.

Question 13

Joint Accountable Officer – needs to be accountable to the community they serve

- Needs transparency
- People have no power without a vote
- Community participation needs to be included
- Need to be clear about the role of the Community within the Health and Care Partnership
- Supportive participation
- JOA – what level of autonomy will they have?

Question 15 – 20

- GP involvement needs to be part of the process. Everyone needs to sign up to shared approaches and outcomes
- Critical analysis of what is in place and not get rid of what works!
- Where services are being reviewed service users must be part of this.
- “Better Together” – consider the learning from this
- Model – “use said.... We did” – a good approach to adopt

Question 15

- If its local this will provide an uneven approach across local authorities
- If we move to local arrangements there will need to be some “Core” arrangements for all.
- Who will monitor honestly?

- Non-discriminatory delivery of services to underpin any local plans. See principles from the outset.
- Reassurance and confidence that outcomes given care not open to local interpretation.

Question 16

- Who will implement and review? Good model in the Care Inspectorate
- The public/service users/carers involvement must be included in the duty.
- Supportive participation – need to ensure that Community Development Practice underpins this and is an approach that is agreed and adopted by the Health and Care partnership. A team of community development staff need to be employed to facilitate communities' participation.
- Need to explore further the role of the “Third Sector”

Question 17

- Balancing time against needs!
- Government could learn from other mergers and take on board the positives from this research. Need to be innovative in the approach and not provide more of the same.
- Need to capture knowledge and views of frontline staff
- How do you make clinicians and social care staff share joint values and have ownership of the new structure
- Leadership of staff and participation in developing the process will be crucial to the success
- All participation must be meaningful
- Public reporting – good and bad to help develop good services
- Budgets – need 5 year budget and not “year on year” so that services can be designed, delivered, monitored and received to reflect service user/carer comments.

- Localities should be organised around something similar to PPF's
- Local communities have experience of collective action and locality planning. Good examples are in place and Government should look at these models when developing new structures.
- Need a commitment to support community initiatives as preventative services as a formal part of the integration.

Conclusion

Some points kept coming up during the course of discussions i.e.

- The importance of gathering information on the patient experience in influencing design and delivery of services.
- Integration of Health & Social Care has already happened elsewhere. The learning from this experience should be looked at and considered as part of the process for South Lanarkshire.
- Flexibility – services should be monitored at regular intervals and any changes to be made (depending on feedback received) should be carried out as part of this ongoing process.
- Meaningful participation by individuals and communities will result in services that meet needs and not just budgets.

Seniors Together would like to thank everyone who took part in the consultation workshops and helped in preparing this joint response to the proposal.

We hope that we will be kept informed and included in the process as it is rolled out.

Copies of this response are available from:

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