

AGENDA ITEM 6a**SOUTH AYRSHIRE COUNCIL RESPONSE TO HEALTH & SOCIAL CARE
INTEGRATION QUESTIONNAIRE –DRAFT AS AT 24th
AUGUST, 2012****Overview**

1. South Ayrshire Council (SAC) supports the principles behind the Government's proposals to better integrate Health & Social Care Services for Adults and to remove perceived barriers to improving systems of care.
2. Along with our community planning partners, improving outcomes for our residents is our core focus. We would highlight the considerable progress that has been made in improving access to appropriate care, including significantly reducing delayed discharges within South Ayrshire led by personnel from the Council, NHS Ayrshire & Arran and the Third and Independent Sectors. The Change Fund has provided a targeted approach to improving outcomes for older people.
3. SAC has comprehensively considered the proposals set out in the consultation document. Whilst we welcome and support better integration between health and social care services for adults, we are concerned that the proposals will not address the key systemic disconnects that exists. The current arrangement in relation to GP contracts creates no imperative for them to reduce emergency admissions. The health and social care integration proposals do not remedy that. Nor do we believe that they will create the necessary driver to shift the balance of care away from acute hospital services to community care. We therefore urge the Government to consider this further before proceeding to legislation.
4. The Council supports the Scottish Government's wish not to create artificial divides in the provision of health and social care services as a direct result of its proposals to integrate Adult Health and Social Care. However, it is concerned that the proposals, as they are presently constituted, may do just that by creating new barriers between services which are currently fully integrated including social care services for children, educational services and housing services, for example. As such, there is a high risk of unintended consequences from the integration proposals.
5. Any structural change resulting from these proposals should be minimised and, instead, the primary purpose of the change should be a sharpened focus on national outcomes. Local flexibility in implementation will be essential to minimise the scale and impact of unintended consequences which will stem from

differential starting points.

6. The new Health & Social Care Partnerships must be totally integrated and integral to the new community planning arrangements. To do otherwise risks a new fault line developing in the public sector landscape. All partner organisations must share a common set of outcomes, targets and performance measures that are integral to community planning through the Single Outcome Agreement.
7. SAC supports the Government's wish to fully engage the Third & Independent Sectors in the development and management of the new Health & Social Care Partnerships and, similarly, supports the proposals to devolve decision making in terms of the planning and management of services to localities. However, there must be full local autonomy on localities to reflect local circumstances and arrangements for other services organised around localities.
8. The planning, commissioning and management arrangements for the new Partnerships can only sensibly be determined locally. Equally, responsibility and accountability should be to locally based statutory partners who represent and understand the needs and aspirations of their local communities.
9. South Ayrshire Council does not share Government's view in Section 2.1 of the Consultation Document that its vision "will simplify rather than complicate existing bodies and structures". Clearly the creation of a new corporate Partnership body with its own management arrangements will create a significant new complexity and given the scale of the resources involved is likely to be anything but simple. The highlighting of two organisational models by Government will, contrary to what is stated in the Consultation Paper, lead to "centrally directed structural reorganisation."
10. We believe that further consideration requires to be given to the democratic and governance impact of integrating health and social care services. The proposals significantly weaken democratic accountability for key services and create complexity around accountability. There are also a raft of detailed operational considerations such as the role of statutory officers and terms and conditions of staff.
11. SAC welcomes the focus of the Scottish Government on integrating health and social care but believes that the proposals as currently conceived will not deliver meaningful progress and we would urge that further consideration be given to the best means of secure improved outcomes. We believe this can be achieved through more sharply focussed and sustained local integrated working rather than legislation.

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

The change proposed by Government will require significant management and implementation. This will be potentially disruptive in a number of ways. In order to protect the quality of service outcomes and to minimise the disruption to end users, the transfer of service planning and management arrangements to the new Partnership bodies would best be undertaken on a phased basis in accordance with an agreed implementation plan approved by all of the partners involved. In addition, the management of services and staff by Partnership bodies, rather than through traditional employing organisations, in accordance with the Principles of Integration, will require a significant change in culture and approach by many individuals and agencies and again, in order to make the changes proposed as effective as possible, there will be a significant training requirement for all personnel involved as part of the change management process. Given the trailed implementation date for the new arrangements of 2014, a change process and training requirement on this scale would best be managed incrementally, particularly given the wide range of services, skills and professional disciplines involved.

Consultation events have suggested that Government has embarked on an incremental approach towards the integration of all health and social care services. We believe that that is likely to create disconnections in other aspects of service delivery where for example social care for children will be integrated with education. A wide array of local arrangements will exist across Scotland and we believe that central determination of what is included in new Partnerships would be unhelpful. If the Scottish Government does have a clear view on what is intended longer term it would be helpful if this could be signalled early since it may have a bearing on the thinking of Statutory Partners on the initial scope and structure of the

new Health & Social Care Partnerships.

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?

No

The framework for integration as set out in the Consultation Document could not be described as “comprehensive”. It is an outline of the organisational arrangements and responsibilities that are likely to be in place after the legislation has been developed and enacted. A significant amount of work in this regard will require to be undertaken by the Short-Life Working Groups established by Government to inform the legislative process with an opportunity for full engagement throughout Scotland and across sectors on the draft outputs from the Short-Life Working Groups.

Government should ensure through the legislation enacted that this creates a framework that fully encourages the development of localised planning and integrated working.

While supporting the Vision & the Principles of Integration, Partnerships and joint working ultimately succeed or fail based on their efficiency and effectiveness and alignment to common objectives, and it is difficult at this stage in the process to form a view on this based on the information currently available within the Consultation Document in relation to planning, governance, financial management, staffing and local democratic accountability arrangements, for example.

South Ayrshire Council is concerned that the Government’s proposed framework for integration while seeking to take steps to address the alleged disconnect detailed on page 11 of the Consultation Document in paragraph 1.2 between health and social care, contains no meaningful proposals to

address the other disconnect indicated between the acute and community care sectors within the NHS. As this is where the most significant financial resources are spent and where such disconnects impact most profoundly on the outcomes for individual services users, this requires to be addressed before developing legislation. Given this concern, the need to achieve a shift in the balance of care should be included as a nationally agreed outcome along with the others set out in Appendix 1 to the Consultation Document and progress on this should be measured through the agreed performance framework.

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 with qualification

Whilst this approach may provide national indicators it does not set an indicator to achieve a shift in the balance of care, which it is recommended should be included allowing progress to be monitored and reviewed.

As with much in the Consultation Document, ultimate success will depend on the vision, scope, management and performance review arrangements contained in the Partnership Agreement document between all of the partners involved, but particularly between the Statutory Partners and how they commit to its effective and on-going implementation. Whilst Partnership Agreements very much require to reflect local circumstances and local service delivery arrangements, Government should ensure in national guidance issued in this regard, as part of the new legislative framework, that they set out the minimum requirements expected for reporting on and delivering the national outcomes and any other national requirements arising from the work of the new Partnership bodies.

As indicated earlier in this answer and in the response given to Question 2, nationally agreed outcomes should require a switch in the balance of care away from the acute sector to the community sector and that outcome measures should be devised to measure progress in this regard.

Further, greater clarity is required around the proposed performance framework and the way in which existing and separate performance targets and measures such as HEAT targets in the NHS will be integrated and changed to reflect the new working arrangements, as this is not clearly set out in the current proposals. Care should also be taken not to increase reporting requirements, but rather, if at all possible, to reduce the number of targets and Performance Indicator's focussing instead on those required to support the proposed National Outcomes. Consideration also needs to be given as to how the proposals sit alongside forthcoming community planning guidance and on proposed community planning duties.

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

Given the current review and planned strengthening of Community Planning Partnerships, the existing proposals in the Consultation Document lack clarity as to how this approach for the integration of services will fit with new community planning arrangements and the central role of Community Planning Boards and Partnerships and reporting arrangements for these. The Government's current proposals could lead to the creation of two essentially parallel community based partnership bodies with responsibilities for the planning, commissioning and delivery of a range of services. Government should ensure when it legislates that this is avoided and that it achieves, where possible, complete integration between community planning and health and social care.

It is important to ensure that reporting arrangements for Partnerships, in terms of accountability, are clear and that there is no confusion as to the respective responsibilities of individual Statutory Partners and Community Planning Partnerships.

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?

No

As indicated through the response submitted to the last question, the correct route for reporting on performance should be through single outcome agreements and Statutory Partners should be held accountable for performance through this route.

Partnerships operate at their best when they plan and deliver services based on needs determined locally. Those determining needs and planning and delivering services to meet them should be held accountable for their decisions to the local electorate that they serve. It is the view of South Ayrshire Council, therefore, that partnership bodies should be subject to local democratic accountability and control. The role delineated in the Consultation Paper for the Council Leader is not that currently reflected in statute. The Council Leader is the Leader of the Administration and does not exercise individual responsibility. Responsibility and accountability for service planning and management rests with the Council through its agreed decision making structure. Overall, the proposed arrangements set out in the consultation have not been fully considered with respect to the role of the Leader of the Council, the democratic role of all elected members, the section 95 officer and the Chief Social Work Officer.

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

Yes but with qualification

There should be full flexibility for local areas to determine local arrangements without prescription.

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

No

There is insufficient information in the Consultation Document as ultimately

the Partnership Agreement document will determine the governance arrangements within individual Partnerships. To date Government has not indicated that it will provide guidance on the format and content of these documents.

South Ayrshire Council has a number of concerns around specific proposals made by Government particularly in relation to:

(1) the annual rotation of the positions of Chair & Vice-Chair. A short tenure of this nature is unlikely to be sufficient to build up the necessary expertise to lead a complex organisation and may not provide stability, or consistency, in terms of direction;

(2) the number of elected members that will serve on a body that will make decisions regarding a large proportion of the Council's budget and workforce. Three councillors represents 1/10th of South Ayrshire Council. In terms of transparency and accountability this is grossly inadequate and they should be in the majority with the number of elected members involved increased significantly.

(3) the current role highlighted in the Consultation Paper for the Council Leader is not that currently reflected in statute. The Council Leader is the Leader of the Administration and does not exercise individual responsibility. Responsibility and accountability for service planning and management rests with the Council through its agreed decision making structure;

(4) the role of Council statutory officers including the Head of Paid Service, the section 95 officer and the Chief Social Work Officer. The CSWO for example, will no longer be managerially responsible for services and for staff thereby weakening professional accountability and leadership; and

(5) the links to Community Planning and the Single Outcome Agreement are insufficiently developed.

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?

No

Performance management arrangements designed to inform democratic and public accountability are now embedded in most public sector organisations and in this respect are now a routine part of the management and delivery of services. The Council is concerned about the following statement in the Consultation Document: "Where Health and Social Care Partnerships fail to deliver nationally agreed targets, performance support will be offered and, where critical, put in place to assure the delivery of targets." The Council's concern relates to how this sits alongside the

democratic process and who will put in place the support to deliver targets should a Partnership be experiencing difficulty? Local authority provided social care services are already subject to local democratic control and direction as well as to external inspection by National Scrutiny Bodies. It is the Council's view that local Statutory Partners should be responsible for ensuring compliance with and delivery of the provisions of locally determined Partnership Agreements which will have as one of their key provisions the delivery of services to meet agreed national outcomes

Consideration needs to be given to the role of national inspection bodies and whether the inspection regimes that apply to Council run services should continue and be applied to services provided by Partnership bodies once they have been established and how this sits alongside the objectives of the Crerar review for proportionate scrutiny. Similarly, the escalation route for complaints requires consideration.

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

South Ayrshire Council has through various reforms taken steps to integrate the delivery of its social work services to provide seamless support for families and service users and has done this in a way that also integrates these with its educational, housing and leisure services, with all of these services being part of the one Directorate and subject to scrutiny review by the same Panel of Elected Members. Whilst the Council appreciates and supports a move to achieve better integration between adult health and social care services, it regrets the potential that the Government's proposals have to create new barriers between Partnership delivered services and Council services and the re-creation of barriers so successfully dismantled in South Ayrshire in recent years. For this reason local authorities should be free to choose to integrate other services under Partnership control provided that this is done in a planned, sustainable and managed way as proposed in Question 1 for the reasons already given.

Relating to points already made on the disconnect between acute NHS services and community based services, Partnerships require to have a greater say in the management of acute services if a shift in the balance of care is to be achieved. Therefore, responsibility for this should be included within the details of the new legislation proposed.

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?

No

Whilst supporting the principle of an integrated budget under Partnership control, the arrangements currently set out in the Consultation Document lack clarity and will be difficult to implement in practice leading to potential problems in terms of governance. Further information is required on the role of the Jointly Accountable Officer and the amount of discretion that they will have, in practice, which is currently unclear from the Consultation Document. Such an approach would provide a suitable level of accountability. If budgets are “to lose their identities” it would be unworkable to then seek to apply the financial governance arrangements of each Statutory Partner which may be in conflict.

The disconnect between the acute and community sectors within the NHS has not been addressed within this section of the Consultation Document. The most effective use of the total and very limited financial resources available cannot be fully addressed without Partnerships having a say in how financial resources are used within the acute sector. Without this there will not be an end to “cost shunting.”

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

We have some very good examples of integrated working and flexible resourcing in relation to delayed discharge interventions which have been brought back to zero, the use of Chage Fund Resources for Older People and joint commissioning of services relating to alcohol and drug misuse. (Further details can be made available if required.)

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

As many of the decisions as possible relating to the role and scope of local partnerships should be determined locally. However, given that one of the principal objectives set for Partnerships will be to deliver services to achieve national outcomes it is appropriate for Ministers to provide direction on the minimum categories of spend to be included in the integrated budget for this purpose.

In addition to direction regarding categories of spend, there is a need for Government to reflect clearly in both legislation and guidance notes appropriate arrangements for the governance and management of integrated budgets. Work commissioned by Government through the Integrated Budgets and Resourcing Workstream will be critical in determining how issues such as VAT, the Section 95 Officer role, financial recording and reporting and incompatible budget cycles, are to be addressed. Consideration also requires to be given to human resource issues, including who employs the staff and how that relates to lines of accountability, different terms and conditions and the scope for equal pay claims. It is important that sufficient time is given for these important detailed issues to be properly considered and worked prior to legislation being framed.

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?

No

The authority and role envisaged for the Jointly Accountable Officer will be sufficient to achieve the shift in the commissioning of services within the community sector involving both community health services and social care. However, given the potential scale of the resources involved accountability for the proper use of resources delegated from the Statutory Partners to the Partnership should sit with the Partnership Management Board and not with one individual employee.

Concern remains that the majority of all funding allocated will be spent within the acute sector, yet the Government's proposals give Partnerships and Jointly Accountable Officers no role in how this is to be spent. Jointly Accountable Officers also have no role in shifting the balance of care from acute to community services. These are major considerations that require to be addressed before new legislation is enacted.

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

No

Currently the Chief Executive within local authorities manages social work services via the Chief Social Work Officer who is professionally accountable in statute for the standard of these services. The proposals significantly complicate accountability and fragment roles. Within the local government context, the Jointly Accountable Officer should be responsible to the Chief Social Work Officer given the latter's responsibility in law for Social Work Services and for the maintenance of professional standards.

Salary levels for Jointly Accountable Officers should be determined locally and reflect appropriate local pay arrangements.

As previously intimated, consideration also needs to be given to the relationship between the jointly accountable officer and other statutory officers particularly the role of the section 95 officer.

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?

No

The role of Government should be to signal a preference for locality planning, but deciding how this should be organised and managed should be a matter for local determination based on local circumstances and local needs.

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?

No

South Ayrshire Council is clear what Government expects in this regard and that the duty as expressed is strong enough. However, Government should consider whether changes envisaged here should include a change to GP Contracts to require appropriate involvement by all GP's within agreed parameters. Issues relating to transfer of "balance of care" from the acute sector also merits further consideration.

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?

There will require to be joint strategic commissioning of services and steps will require to be taken to evidence the outcomes from local planning. All professionals will require support, assistance and training to fully prepare them for this task.

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

No

South Ayrshire Council does not support the organisation of locality planning around clusters of GP practices. This would create false localities since the distribution of GP practices is not underpinned by a clear rationale. Localities should be organised around communities and operational considerations and these should be determined locally.

To reduce the level of the identified disconnect within the Health Service between Acute and Community & Secondary Care with a view to reducing the number of unplanned admissions to acute hospitals and the corresponding cost of these, it is critical that GP's are at the centre of planning service provision in order that decisions made to support persons in need, particularly out-with hours, can involve full consideration of all of the care and support alternatives available and not result in automatic admission to an acute hospital. Such involvement of GP's in the planning and delivery of appropriate service provision across the full range of all of the alternative services available may ultimately be successful in achieving the Government's goal of directing funding from the acute sector to the community and secondary sector.

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

It is unlikely that GP's will fully engage in the reform process envisaged by Government if responsibility for planning and commissioning services is not fully devolved from Partnership bodies to Locality Planning Groups along with the appropriate budget. This will present further challenges in terms of governance and accountability, but local needs will best be met by empowering and supporting all of the professionals working in a locality to make the most appropriate decisions based on their understanding of local circumstances and services. Such decisions would, of course, be made in accordance with the provisions of the Partnership Agreement document and such policies, strategies and procedures adopted by the Partnership or required by the Statutory Partners in relation to service planning, commissioning and delivery, all of which would be designed to deliver expected national outcomes. Locality planning should be integral to a refreshed and modernised Community Planning structure.

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?

No

South Ayrshire Council does not support the creation of artificial localities based solely on population size. This is a matter best left to local determination between local partners.

Do you have any further comments regarding the consultation proposals?

We feel strongly that good legislation and policy making will not be secured if rushed and that will be to the detriment of outcomes for service users. The outcomes from the various workstreams and short-life working groups established to support the Bill preparation process will be crucial to determining the final form of many of the issues raised in this consultation process. It is essential that all Partner Organisations receive regular updates from each of these and are able to submit comments for consideration particularly on issues of concern.

Of significant concern in this regard is the way in which it is proposed that employees will be managed through partnership structures and which organisation/organisations will have responsibility for acting as employer for particular groups of staff once partnership bodies have been established. Recent employment law challenges will be of particular interest particularly those relating to more recent equal pay claims.

The public sector deals with the full spectrum of societal problems and creating very specific arrangements for one population group potentially creates disparity in how we deal with people in other high priority groups particularly those who experience multiple deprivation or alcohol and drug problems.

Local circumstances should best direct how to achieve the proposed outcomes. Legislation should be permissive and not restrictive.

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

No.

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

No.