Consultation Response – Adult Health & Social Care

The Society of Local Authority Chief Executives (SOLACE) welcomes the opportunity to respond to the consultation on the proposals to integrate Adult Health and Social Care in Scotland.

These proposals carry forward the priorities identified in the Christie Report to forge a new concordat between the Scottish Government and Local Government to develop joined up services, built around people and communities focused on achieving outcomes.

Significant achievements have been made in shifting the balance of care from long stay institutional care to care in the community led by Councils working in partnership with Health Boards and the Third Sector. Nevertheless much still has to be achieved given the demographic changes that are taking place and the downward pressure on public sector resources.

SOLACE therefore supports the policy direction set out in the consultation with the emphasis on Health and Social Care Services firmly integrated around the needs of individuals, their carers and other family members.

We believe there are significant benefits to be delivered from Health and Social Care Integration and our comments are intended to highlight key areas where the proposal can be strengthened, in particular this must be outcome focused with scope for local determination of the most appropriate governance/organisational and budget structures to achieve the agreed priority outcomes.

We believe that the proposals can be improved by aligning them clearly within the context of Community Planning, the overarching mechanism for the delivery of public, private and third sector services within a performance management framework of single outcome agreements. The ongoing review of Community Planning and Single Outcome Agreements has focussed on revising and strengthening the current approach and produced a 'Statement of Ambition' in March 2012. To implement the Statement of Ambition three core proposals have been agreed.

1. **Strengthening duties on individual partners** – new statutory duty on all relevant partners to work together to improve outcomes for local communities through participating in CPPS and the provision of resources to deliver the SOA.
2. **Placing formal requirements on Community Planning Partnerships** by augmenting the existing statutory framework to ensure that collaboration in the delivery of local priority outcomes via CPP and SQA is not optional.
3. **Establishing a joint group at a national level** to provide strategic leadership and guidance to CPPs.

These proposals will equally apply to the new partnerships strengthening the links between activity and outcomes and a need to be able to demonstrate best value in the delivery of integrated services. Where a partnership-based development of robust and appropriately resourced plans and delivery arrangements for agreed outcomes are in place, and to exercise appropriate oversight over these.

We would suggest that it should be made explicit in the proposals that the integration of health and social care should be more formally aligned with these strengthened community planning partnerships. This will provide a good fit with the report of the Christie Commission in its aspirations to develop integrated services, focused on communities and aimed at improving outcomes for local people. It will also provide a good platform on which to build the locality planning arrangements described in the consultation paper.

The consultation sets out the broad context of the proposed legislation. We acknowledge that considerable work is ongoing to flesh out the detail and we look forward to continuing to engage positively in the further development of these proposals, regulation and guidance.

In drafting legislation a balance requires to be struck between prescription and flexibility. At this stage when a considerable amount of the underpinning detail has still to emerge, it is essential to ensure that decisions are not made which inhibit the development of local solutions to local issues, instead of top down prescription.

In addition there are two main areas that are under developed, and which require to be addressed to ensure the success of the integration agenda.

Firstly, the extent to which the Acute Sector in Health is expected to contribute to the shift in the balance of care/integrated budgets and the levers which will facilitate this to happen.

Secondly, the framework for ensuring that General Practitioners and other professionals in health and local government such as housing engage in the development of strategic planning and commissioning which will be essential for integrated service delivery and are jointly held accountable for performance.

We will now address the specific questions within the Consultation.

David Martin
Chair, SOLACE Scotland

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 X No ▢

It is sensible for the legislation to focus initially on the care for older people as this is the highest priority across Scotland, however, it should not prohibit partnerships from incorporating other services where this is consistent with existing practices and experiences.

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 X

The Acute Sector's contribution to the development of seamless services, shifting the balance of care and contribution to integrated budgets and resourcing is under developed. Unless this is addressed the ultimate success of the integration agenda will not be achieved.

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 X No ▢

The proposals however will be strengthened by positioning them clearly and explicitly within the framework of Community Planning and Single Outcome Agreements.

A key component of the commitment to delivering outcomes is a joint approach to performance assessment and improvement. Within the NHS there is a high degree of prescription on target setting and performance monitoring with centralised reporting. Local government has locally agreed targets and performance monitoring systems with community facing reporting. It will be important that partnerships are not pulled in two different directions and there should be a single set of performance reporting which replaces rather than adds to existing arrangements.

Formal scrutiny bodies in particular need to think carefully about how to integrate to ensure that the regulatory burden is appropriate and a common approach based on self-assessment, is adopted.

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 X No ☐

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 X

The principle of joint accountability is important. The role of the Council Leader however is to lead the administration of the Council. It is not a statutory role and that individual requires the agreement of Council in order to progress policy and strategic issues. At present it is the Council which is responsible and accountable rather than one individual. Further consideration is required on this issue before a satisfactory solution can be agreed.

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

Yes X No ▢

We would agree that such an option may be appropriate depending on the local context and practicality of the arrangement e.g. there are already successful joint planning between neighbouring local authorities which influences how they engage with their local health board. We would recommend the legislation is permissive and enables local determination of a model that best suits each partnership.

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

Yes ▢ No X

Further detailed work should be completed on the Governance and Accountability arrangements to ensure that the level of democratic oversight and involvement is appropriately recognised.

It is important that the role and function of the partnership committee is well defined. The committee's responsibility for the overall determination of priorities and use of resources, including decisions to disinvest in one part of the system in order to invest in another, needs to be set out more strongly. The proposals currently imply these responsibilities lie solely with the Jointly Accountable Officer rather than the Committee.

The CE of the Council and the Health Board should be able to attend the H&SC Partnership Committee, on a non voting basis if he/she is to be held accountable for the delivery of outcomes that Committee will oversee.

More work is required in relation to the budget setting arrangements and the management of any subsequent efficiency or over spend.

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 X No ▢

The framework described is satisfactory however more work is required on the detail.

A system of incentives and disincentives needs to be developed within the Quality and Outcomes Framework in order for the Partnerships to have greater influence over the 'commissioning' behaviour of GPs.

It is essential that existing performance reporting and accountability regimes are revised so that new nationally agreed outcomes and accountability arrangements replace existing regimes rather than add to them.

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 X No ☐

This should be determined at a local level.

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 X

However, the legislation should concentrate on the outcomes agenda rather than highlight two organisational options. Partnerships should be empowered to develop organisational arrangements, which encompass the key principles of these models and reflect local operational and service management issues that will deliver good outcomes for clients/patients. The danger of highlighting organisational options is that partners will focus their activity around one of the two rather than concentrating on outcomes which will form the basis of the future organisational arrangements.

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 X No ☐

(a) There are numerous examples across Scotland of creative and flexible use of resources including:

Aberdeenshire

Integrated equipment service. Integrated teams for mental health, learning disabilities and substance misuse. Integrated management arrangements for Adult and Children's Services. Health & Community Care Strategic Partnership, comprehensive arrangement of joint outcome groups by client group, pooled budget for older people's services, variety of joint projects supported through the older peoples change fund.

Aberdeen City Council include;

Health and Social Care Partnership Committee & Executive, Integrated Senior Management Group and Operational Management Team taking joint decisions on use of resources and service development; joint Rapid Response Team, Horizons joint rehabilitation day centre/service, joint equipment service, integrated substance misuse service with pooled budget, community mental health teams, integrated out of hours home care & community nursing service.

Argyll & Bute

The established practice in Argyll & Bute over the past 10 years is one of re-designing in partnership, pooling resource release and delayed discharge revenue and investing in services in the context of a joint performance framework for older people. This has seen the development of a constructive working relationship between the council and the CHP and is evidenced by the creation of a number of community services across health and social care and significantly improved performance in the area of delayed discharge.

Clackmannanshire Council and Clackmannanshire Community Health Partnership

Initiated a model of Integrated Mental Health Services across Clackmannanshire in 2003. This strengthened existing partnerships and links with other mental health professionals, voluntary organisations and the local service user network group. Also, by formalising joint working arrangements, information sharing and communication significantly improved over recent years and efficiencies were realised through pooled budgets, coordinating resources, reducing duplication and increasing service user involvement. The successes associated with this model and approach to practice have not gone unnoticed as the service has received a COSLA gold award for service innovation and improvement; a COSLA awards for Scotland's first pooled budget; and a Customer Service Excellence accreditation.

Social Care & Health – East Renfrewshire

East Renfrewshire Council and NHS Greater Glasgow and Clyde took the decision to create a fully integrated Community Health and Care Partnership in 2005. The CHCP has a single Director accountable to both the Chief Executive of the Council and to the Chief Executive of NHS Greater Glasgow and Clyde. The Director is on the Council's Corporate Management Team and the Senior Management Team of the NHS Board. Three other councils also operate a similar model - West Lothian, West Dunbartonshire and Inverclyde.

Social Care & Health - Glasgow

Glasgow City Council and NHS Greater Glasgow and Clyde have a long tradition of partnership working, characterised by the Glasgow Addiction Service which has a single manager and integrated staffing structure responsible for delivering a continuum of care for people with drug and alcohol problems. Key areas of work include training and education, screening and assessment, interventions, health and safety, harm reduction and managing withdrawals. The budget for this partnership is £20.7 million.

Both organisations are also members of the EQUIPU partnership along with East Dunbartonshire, West Dunbartonshire, East Renfrewshire, Renfrewshire and South Lanarkshire Councils – a population of 1.4 million. This jointly governed service is responsible for providing, delivering and installing a range of disability

equipment supplied by health and social work services to disabled people of all ages living at home. The current EQUIPU budget is £9.7 million and the economy of scale it delivers is exemplified by savings of £2.7 million achieved through recycling the circa 100,000 items of equipment it provides per annum.

(b) Barriers include:

The move towards outcomes, integrated budgets and practitioners being empowered to make operational and strategic decisions is welcome. The organisational, management and professional issues that could work against smooth implementation are key to developing a successful integration model. These include:

- The partners have different management and accountability regimes with the NHS accommodating clinical autonomy which is not always consistent with strategic policy. There is a potential for clinical autonomy to be at odds with strategic commissioning.

- NHS operates different terms and conditions that make it more difficult to re-design services from scratch and use revenue flexibly in order to meet client outcomes. Whilst recognising the responsibility for the provision of employment for existing staff it is noted that such constraints applied to any public sector organisation can significantly impact on the ability to re-design services around the principles of client need. This is particularly the case in rural areas where the opportunities for re-deployment tend to be limited.

- The experience of developing a joint commissioning strategy for older people via the Integrated Resource Framework has been challenging in that both sectors have differing quality of data or analysis of activity and spend on older people. There is not a significant history of the NHS commissioning services outwith the wider NHS family. This is not the case in local government where commissioning from the independent sector is well established. Consequently, developing a joint commissioning strategy across health and social care provision becomes a priority for further consideration.

- Multiple and complex information management systems within both sectors which has mitigated against ease of data sharing between the partners. This has been a frustrating feature of national and local initiatives to improve the integration of data systems and continuing concerns over the principles of data sharing. A

mature approach engaging all of the relevant stakeholder groups to resolve these principle arguments will assist in the short term whilst the technical aspects of system based data sharing are resolved at a strategic/national level.

- Significantly different approaches to the engagement of employees and employee representatives on strategic change and service review programmes. It will be necessary to reconcile these approaches and balance employee/Trade Union/Professional engagement with the opportunity for strategic discussion between the partner agencies.

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 X

The integration of acute sector budgets into the Health and Social Care Partnership is one of the most complex elements of the integration agenda. Solace is very supportive of this proposal and is keen that we are ambitious in our approach as this is a real opportunity to shift the balance of care to communities. It is important that all relevant aspects of the budget are considered and relevant patient pathways and all the resources used in these pathways are identified. We do recognise that different models may be appropriate in different Health Board areas depending on the configuration of hospitals and the number of Partnerships in the Health Board area. Whether the Partnerships directly manage this resource or have a 'commissioning' budget, it will be important that the contribution of acute sector spend is completely transparent at both Health Board and Partnership level and that there is consistency of approach across Scotland in identifying these budgets.

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 X

The respective roles of the Partnership Committee and the Jointly Accountable Officer in relation to financial accountability and authority require further consideration to ensure proper governance and democratic accountability.

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

Yes ☐ No X

The size and scale of the proposed partnerships will vary across Scotland from medium sized organisations to very large ones. It is therefore recommended that decisions about seniority, scope and salary level are left to local partnerships to agree.

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 X

This should be left to local determination, taking account of local circumstances and geography. Cross Partnership solutions will have to be developed to take account of patterns of service delivery particularly in relation to General Practitioner catchment areas or recognised communities/ administrative areas.

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 X No ☐

Strong GP engagement along with that of other professionals in the Health & Social Care Teams will be essential for locality arrangements to succeed.

The proposals would be strengthened by a similar duty being placed on the Partnership to ensure service users or their representatives are involved in the process.

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?

The most practical step is to ensure that there is clear evidence of the impact that local planning has on the design, delivery and commissioning of local services.

It will be important to invest in organisational development and leadership development to ensure that clinicians, social care professionals and third sector partners can fully engage and contribute.

GPs in particular are critical to this agenda and there will be national work required to ensure that GPs and other independent contractors are given opportunities for leadership development. There also needs to be thought given to the additional resources required to enable independent contractors to fully engage in locality and partnership wide planning and redesign.

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 X

The complexity of local service delivery mechanism, demography and geography all reinforce the need to develop locally derived solutions to this issue. That said, GP Practices will be a key part of the locality planning arrangements.

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

Each partnership should be challenged with developing a scheme of delegation to Local Planning Groups which recognises the importance of developing very local solutions to local issues within a Partnership wide strategic planning and commissioning framework. Councils have gained valuable experience in locality planning through the statutory requirement to develop schemes of decentralisation.

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 X

Please refer to the answer to Q15 & 18. One size or range will not fit with the demography and geography of Scotland. This is better left to local determination.

Do you have any further comments regarding the consultation proposals?

The consultation process is taking place at a particular point in time when much of the detail which will underpin the principles and deliver the outcomes is still being worked on collaboratively. It will be important to ensure that premature decisions are not reached before this work is complete.

Further consideration should be given to how the Charging Policy for social care services will be impacted by an integrated framework. The impact of self directed support on an integrated health and social care system/ budget needs careful consideration.

There are real opportunities to develop integrated approaches to improving health and reducing inequalities. In some integrated partnerships there are joint Health Improvement Teams who work to support other Council Departments and Community Planning Partners on this agenda. There are also further opportunities to integrate Public Health teams into the local Partnerships and this should be included in the proposals.

Key to this change process is leadership and the development of a shared culture which will then drive forward the integration agenda.

SOLACE is committed to working with colleagues in the Scottish Government, Health and the Third Sectors to achieve integrated services that achieve improved outcomes for individuals.

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