

## Consultation response:

### Integration of Adult Health and Social Care in Scotland

#### About the Consultation and Advocacy Promotion Service (CAPS)

CAPS is an Independent Advocacy Organisation for people who have lived experience of using mental health services. We are a user led organisation which is independent from funders and service providers.

CAPS provides collective and individual advocacy throughout East Lothian and Midlothian as well as running four user led research projects with a Lothian wide remit. CAPS works with people who use mental health services to set their own agenda, to find a stronger voice, to get their point across and influence decisions which affect them.

The right to Independent Advocacy for those with mental disorders or who are potentially at risk is enshrined in Scottish legislation. Independent Advocacy is not about making decisions for someone, counselling or providing advice, it is about tackling injustice by enabling a person to have control over their life and to make their views heard.

CAPS as an Independent Advocacy organisation does not provide any services other than advocacy. We are only limited in what we do by the principles of advocacy, resources and the law, therefore we are able to assist vulnerable individuals whilst being as free as possible from any conflicts of interest.

#### Integration of Adult Health and Social Care in Scotland

##### 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?

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No

The majority of people approached expressed the view that all ages ought to have equal access to current and future services. Whilst people can understand the increase in our aging population and the needs that arise, the majority have concerns that focussing on the older population first, might come at the expense, and therefore, the neglect of current mental health Adult provisions. People expressed a somewhat,

emotional bind to this question, as all people, regardless of age deserve equality amongst all services (Equality Act, 2010).

We feel that it is extremely important to ensure that the improvement of services for older people does not impact adversely on services aimed at other adults. Also, we are not sure how some services could practically be split, for example, where would a 40 year old person debilitated because of multiple sclerosis fit? And would services for somebody with the same condition be different if they were aged 64 or 66? People with disabilities and some health conditions could potentially be disadvantaged.

If we are going to have a joint vision of Health and Social Care the whole service agenda including children, people with disabilities, young people, older people etc should be brought together.

We would prefer to see focus be initially on particular services rather than on a particular age.

### **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?

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Yes  No

The people we work with were unsure. Some thought yes in principle however expressed concerns about how their voices would be heard.

The proposed framework is not comprehensive. There needs to be a clear set of guiding principles based on equality and human rights. These guiding principles need to also consider the rights that people have under other legislation and policies. There needs to be a clear statement that rights will not be side-lined when budgets are being rationed. There needs to be proper consideration of the Self directed Support Bill and how these two pieces of legislation mesh and impact on each other.

### **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?

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Yes  No

There needs to be a clear and equal role for the Third Sector, service users and carers. There is no reference to the Self-directed Support Bill, the personalisation agenda and independent living. In order for the integration of health and social care to succeed it needs to take into consideration all relevant policy and legislation and include a right to Independent Advocacy for service users and carers.

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

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Yes  No

Local Authorities should be more accountable to Scottish Government for actually delivering on this agenda. It may be better to have a National Outcome on adult health and social care and allow Local Authorities to set their own specific SOA's relevant to the needs of their own communities which relate back to the National Outcome.

In addition, there needs to be more integration between HEAT targets for Health and the Community Planning departments that set SOAs.

Single Outcome Agreements need to be properly monitored and enforced. At the moment we do not believe this happens effectively across all Local Authority areas.

### **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?

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Yes  No

The NHS and Local Authorities currently have different priorities and approaches to delivering services. There needs to be proper consideration of different cultures, attitudes and behaviours. This legislation needs to address these issues not just legislative changes.

Accountability must be strengthened by including accountability to service users. Services users must be included at every level of the new structure, both nationally and locally, and have an equal say in shaping, informing and monitoring health and social care services. In doing so they must be given any support they may need to fully participate including access to Independent Advocacy.

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

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Yes  No

To allow efficiencies of scale and pooled resources there must be the opportunity to work across Local Authorities if required. In addition some areas, for example, Midlothian and East Lothian have very few acute services based within the local authority boundaries. This could potentially disadvantage some Health and Social Care Partnerships.

East Lothian and Midlothian already have shared services across many departments.

A sensible pace of change is needed so there is time given to properly consult and listen to the voice of those who use the services.

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

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Yes  No

There has to be proper recognition of the role of the Third Sector, service users and carers and they need to have equal voting rights.

Independent Advocacy should be available to service users taking part in partnership working and in consultations to support them to make their voice heard. This will help address barriers to participation and provide invaluable ongoing support.

**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?

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Yes  No

There needs to be clearly identified local and national targets that address the needs of local people. There is not enough detail given about what will happen regarding services failing to deliver. The partnerships must be accountable to the local population, service users and carers in addition to the Scottish Government.

**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?

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Yes  No

The adults we work with who use mental health services are concerned about how the changes will impact on them, particularly if the initial focus is on older people services. This approach requires a broader remit than just older people's services. Independent service user consultation should take place to inform a joint and equal decision on whether or not to include other CHP budgets.

### **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?

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Yes  No

There needs to be more reference to people's rights and how these will be safeguarded especially when resources are rationed. There needs to be proper consideration of the wider personalisation and independent living agenda.

More community planning involvement would be required and obligations for other acute services to participate. One particular concern would be that the majority of acute services for East Lothian and Midlothian residents are based outwith the local authority area. How realistic is that acute services that serve a wide area e.g. Edinburgh Royal Infirmary, would be able/willing to release part of their funding to a number of different Health and Social Care Partnerships?

It is important that disaggregation of budgets ensures that there is adequate funding to ensure the new Partnerships are effective and successful.

People are concerned about a 'more for less approach' although fundamentally agree with a more joined up way of working that can be supportive to the inclusion of independent service user representation. People welcome changes that will ease the pressure of the current services and increase an independent service user voice. Important to put people first in the dilemma of economic constraint verses health and well being.

**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?

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Yes  No

East Lothian and Midlothian carry out joint working already however more strategic planning is required as well as independent service user engagement.

The Midlothian Substance Misuse Service across Midlothian and East Lothian is now operating successfully but has taken a lengthy period to get to this stage. Responsibility is jointly shared between NHS Lothian and the Social Work Departments of Midlothian and East Lothian and it took considerable effort by key officers and elected members to get to this stage.

**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?

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Yes  No

There needs to be more collaboration between national and local agendas and budgets. We are concerned that if Ministers identify minimum categories of spend then it will only be the minimum that is spent. It is essential to have national guidance as well as be able to be flexible to allow local decision making to meet the needs of local communities.

### **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?

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Yes  No

There is not enough information about this. The proposed legislation does not address the issue of changing behaviours, culture and attitudes. It will be very challenging for one person to be accountable to two different masters.

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

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Yes  No

Yes, probably but not enough information provided to be certain.

### **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?

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Yes  No

The Scottish Government should direct locality planning and there needs to be proper monitoring and action taken when a service fails to deliver. We are concerned about the lack of detail regarding procurement.

The consultation document emphasises the involvement of professionals in locality planning. We believe that locality planning should have an **equal** emphasis on the involvement of the Third Sector, local population and service users, including ensuring that they are supported by Independent Advocacy and that they should have a place on locality planning groups.

**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?

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Yes  No

There needs to be proper recognition of the involvement of the Third Sector in the wide range of services that it provides. The Third Sector, local population, service users and carers need to be fully involved. Independent service user representation needs to be included alongside local professionals and GP's to take forward a strategic plan of local service provision.

**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?

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No comment.

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

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Yes  No

This is a question that would require more information and time to be able to consult with the mental health service users we work with to provide other suggestions.

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

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Each Health and Social Care Partnership will need to consult with all stakeholders for such a crucial decision to be made. More information from each region will need to be gathered and decision making devolved on a phased basis with careful monitoring and reviewing in place.

**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?

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Yes  No

Size of population is not the best way to identify localities; it needs to take into consideration the needs of the local population and current area groupings. To change localities to have the same numbers of people in each would conflict with Local Authority boundaries and create accessibility and transport difficulties also.

**Do you have any further comments regarding the consultation proposals?**

We welcome the objectives, in particular,

- *“Health and social care services are firmly integrated around the needs of individuals, their carers and other family members”, and*
- *“that services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve – rather than the organisations through which they are delivered”,*

We welcome the proposal that regulations and statutory guidance will be developed with input from “stakeholders, patients and service users”.

Health and Care Integration needs to be centred on a clear set of guiding principles.

1. The legislation needs to include a right to access independent advocacy.
2. Independent Advocacy would help put an emphasis on freedom, choice and control. A rights based approach should direct all the work. There needs to be an emphasis on outcomes which are fair and consistent.
3. There needs to be recognition of the Self-directed Support Bill and the personalisation and independent living agendas.
4. Currently there are many inequalities faced by different groups and this legislation does not demonstrate how these inequalities will be eliminated.
5. There needs to be recognition of the role of the Third Sector, local population



and service users and carers.

6. There needs to be effective monitoring with the aim of learning and improving services leading to improved outcomes for people.
7. There needs to be a clear plan with deadlines for extending the integration of health and social care to other groups and taking account of differing needs of other groups.
8. There needs to be robust commissioning practices that evidence quality and focus on outcomes.
9. This legislation does not properly address issues such as the need for a culture change, changing attitudes, beliefs and behaviours. This would involve a change in focus onto the needs of the individual rather than fitting the individual into service provision.

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

This legislation does not adequately show how it will meet the differing needs of people. It does not include a right to access Independent Advocacy which would help people to express their needs, wishes and desires and enable people to have greater control, choice and dignity.

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

There needs to be greater consideration of procurement practices, if as stated, “spending more does not necessarily result in better outcomes” then equally spending less doesn’t automatically indicate greater efficiency. Consistency of outcome is seldom achieved by consistency of delivery, there needs to be full account of the differing needs and circumstances, one approach is unlikely to address this.

Procurement practices usually aim to make financial savings rather than balancing expenditure against local needs, quality of service and involvement of local people. The SIAA anticipates that the integration of health and social care will increase demand for Independent Advocacy as individuals seek support to understand and navigate the changes in service provision in addition to being an important source of support for patients/service users and carers who become involved in the Health and Social Care Partnerships. This should be analysed and considered as part of the BRIA.

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