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Date	10 September 2012
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Dear Sirs

SCOTTISH NHS BOARD CHAIRS' GROUP

INTEGRATION OF HEALTH AND SOCIAL CARE: SOME THOUGHTS FROM SCOTLAND'S NHS BOARD CHAIRS

The Scottish NHS Board Chairs' Group welcomes the opportunity to offer some comments on the Scottish Government's proposals regarding the integration of health and social care.

There is undoubtedly room for improvement in the delivery of health and local government services, and Health Board Chairs accept that a strong collegiate relationship is required between the two. We see the integration of health and social care as a way into the development of that collegiate relationship.

It is not just another initiative. It is a fundamental change in how we do business with our partners - a fundamental change of culture.

To address the challenges of change, we need:

- An honest analysis of our strengths and weaknesses. If there isn't an honest assessment, we won't move on.
- Vision – a clear sense of where we're trying to get to.
- Strong leadership.
- Recognition of the importance of communication in the process of change – a continuous process of telling people what has happened and what is going to happen.
- Progress to be maintained. Organisations change through people being clear about where they want the organisation to go, and through a systematic process of incremental implementation. Otherwise, managers and staff are predisposed to think that this is just another initiative.

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Against that backcloth, Board Chairs support the following principles which we believe should guide the process:

- An outcomes focus, with public support necessary for the identified outcomes. There will be a need to involve communities and other interested parties at all stages of redesign.
- Engagement with the public, clinicians and staff generally to achieve ownership of the way forward.
- One size will not fit all, and local flexibility will be required to suit local circumstances. The important issue for local buy in is to allow local partnerships to develop arrangements locally – we all have different issues to address / structures to work around. In this context, for example, we would acknowledge the lead agency model as valid and to be supported where local partners choose it.
- There is a need for all partners, including the government, to accept the necessity for preventative/ anticipatory spend.

The following issues are regarded as important:

- The starting point should be to have a pathways design. Successful health and social care partnership working will allow more people to retain their independence at home. However, we will see an increase in acuity of patients in acute and community hospitals, and it is important that it is understood that as well as the demand for acute hospital beds increasing there is also the need to meet increasing demand in other areas such as community hospitals, care homes and in individuals' homes. New arrangements should be based on an understanding of flow through acute, primary care, social care and peoples' homes. There should be significant focus on the need to provide clear and focused patient pathways and ensure timely flow through these pathways to enhance the patient experience and outcomes of care.
- Partnerships need to take the opportunity to increase the level of third sector involvement in shaping and designing new pathways of care and services. The third sector has a long history of innovation and is driven by the voices of people who use local services and support. Including the third sector as a key strategic partner will be vital to the design and delivery of appropriate, cost-effective services that are responsive to patient need and which enhance the patient experience.
- Also, carers continue to play a significant role as key partners and it is now widely acknowledged that carers devote very significant parts of their lives to the support of relatives and friends. Helping to support, sustain and grow this capacity is essential if we are to achieve better outcomes.
- Delivery of effective locality planning is essential, and if local elected members are to be involved, there should also be input from non-executive Board members.
- Integration is also about primary and secondary care. What will the process be to arrive at the direction on the categories of spend to be included as a minimum, bearing in mind that the consultation document (para 5.14 states "Examples could include Local Authority spend on care at home and home care provision, along with NHS spend on appropriate acute medical specialties, primary care and prescribing, and so on")? We are concerned that there seems to be an impression that it will be easy to transfer large sums from acute to community care through reductions in unwarranted admissions. Our local evidence and experience does not demonstrate a reduction in demand for acute care in the short, medium or long term.
- We believe it is important that partnerships should first demonstrate their ability to deliver on Older People's Services. This is a large and complex area, and an ability to improve patient and client experience and deliver efficient and effective services for older people is a vital prerequisite to adding other CHP services to the partnership. We believe that the scope to extend to include other budgets should be left to local discretion. This will allow partnerships to develop at a pace and scope which is appropriate to local circumstances.

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- There is a need to develop family and carer confidence in something other than a blue light response. The issue of A&E admissions requires attention.
- We have to help GPs to be at the table, coming up with practical proposals. Contractual arrangements will be required to make this happen.
- Staff should remain with the existing employer in a context of mutual respect for professionalism.
- The position of the Chief Social Work Officer as per the Social Work (Scotland) Act 1968, as amended by section 45 of the Local Government (Scotland)Act 1994, requires attention in the legislation.
- Great care will be required to avoid a clash of accountability to the Cabinet Secretary, NHS Board Chairs and Council Leaders on the one hand, and to the Community Planning Partnerships in respect of outcomes, on the other. It is important that the two strands of intended legislation dovetail rather than clash. We believe alignment with community planning is appropriate for the purpose of challenge and support but not as a line of accountability.
- We believe that accountability and performance management around the SOAs need to link back to their respective Boards and Councils, as Community Planning Partnerships are not legal entities and therefore cannot be held accountable for the actions of the partnerships. We believe more detailed work is required to develop appropriate and effective performance management arrangements across the whole system.
- Staff involvement in the decision-making process is a significant and valuable strand of how the NHS operates.
- There is a wide agenda about a range of other things – eg public health/ health improvement.
- We need to facilitate the leadership position of Chairs.
- Board Chairs and Chief Executives need a liaison mechanism with CoSLA. Should this be at a Scottish level, or a regional level, or a combination of the two?
- Finally, partnerships have a significant role in tackling health inequalities, and Board Chairs support Health Scotland's call for a formal duty to be placed on statutory partners to address health inequalities within their core responsibilities. If this is not possible within the legislation on the integration of health and social care, it should be covered in the proposed legislation on community planning.

Yours faithfully

Sandy Watson OBE DL
on behalf of
Scottish NHS Board Chairs' Group