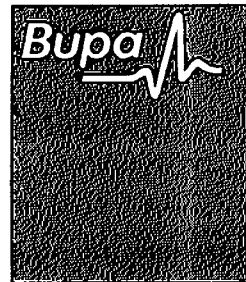

Response to the Consultation Proposals on the Integration of Adult Health and Social Care in Scotland



About Bupa Group

Bupa's purpose is to help people lead longer, healthier, happier lives.

A leading international healthcare group, we offer personal and company-financed health insurance, run hospitals, and provide workplace health services, home healthcare, health assessments and chronic disease management services. We are also a major international provider of nursing and residential care for elderly people.

- Bupa cares for almost 2700 older people in Scotland
- We have 29 care homes in Scotland, which provide specialist care to some of the country's oldest and most vulnerable people
- Over 80% of our Scottish care home residents receive state funding

With no shareholders, we invest our profits to provide more and better healthcare and fulfil our purpose.

Bupa employs more than 52,000 people, principally in the UK, Australia, Spain, New Zealand and the USA, as well as Saudi Arabia, Hong Kong, India, Thailand, China and across Latin America.

For more information, visit www.bupa.com.

Response to Consultation Questions

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.

We fully support and acknowledge that outcomes are the way forward. We also encourage the consideration of the wider picture when evaluating outcomes. Consideration needs to be given to the views of users, independent (but consistent) assessors' view points gained from an on-site assessment, along with the service provider's view. The combined results should then be an accurate reflection of outcomes and not be skewed by subjective views.

We fully acknowledge your commitment to a person-centred approach (paragraph 1.8) and believe that this is especially important in elderly care. There is now a general recognition that person-centred care is the best way to provide continuing quality of life to people living with dementia. This creates a focus on the personality and preferences of the person that remain, rather than on the problems of memory, understanding and communication created by the disease. However, person centred care must be reconciled with the choices that

people may make, as those choices could be contrary to best evidenced practice. Similarly, a sensible balance must be maintained between the management of risks and personalisation. We are keen to ensure that these aspects of personalisation are recognised and included in your initial legislation on improving outcomes.

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, the objectives and principles are comprehensive.

We agree with the approach of joined-up services and believe that, to help achieve this goal, a major extension of individual budgets is required to give people control over their care.

Whilst we appreciate that in Scotland integration has been progressed there is still room for improvement. Better communication and cooperation between the health and social care systems is imperative. In our experience there are still too many examples where the current systems are at odds with each other and which ultimately affect the user detrimentally. As an example we still experience problems in obtaining the medical support, to which our residents are entitled, from the NHS primary care system. This appears to be a result of the surprisingly common but mistaken view that when users are in residential care, all their healthcare and social care requirements will be provided, or at least funded in whole or in part, by the social care provider when, in fact, our residents' healthcare remains the responsibility of the NHS. If the monitoring of healthcare support is inadequate, this could undermine the provision of good quality care.

While Bupa believes that care homes and hospitals face different challenges, and should be considered separately, we want to see even greater integration between the NHS and the social care system so that older people are not disadvantaged by unnecessary boundaries that slow discharge from acute hospital wards and hamper the exchange of information such as patients' medical notes.

Greater integration between health and social care would also enable care homes to make a greater contribution to some of the challenges facing the NHS. There are many examples of older people remaining in hospital or at home when this is not the most appropriate setting. The main reason for this is that the local authority and NHS budgets are currently completely separate. It frequently leads to the outcome being neither person centred or financially sound.

In addition, cases acute hospital wards are not appropriate for the long-term care of older people with chronic conditions and NHS staff and facilities are not equipped to do so. Such people can be looked after far more effectively in residential care than the NHS, yet older people remain in hospital beds longer than necessary as they are unable to return home because adaptations are needed or community-based services are not available. Greater use of nurse-led home healthcare and care homes can help the discharge of older people to a community setting which is more appropriate to their individual needs and helps the NHS use its resources more efficiently.

Local Authorities need to work with the NHS to improve the integration of health and social care systems and budgets. Local Government should build further on its initial steps so that integrated plans can be developed that cross 'budget borders' in developing alternative care solutions for older people.

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, national 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?

We agree that this is an *ambitious and challenging approach*. However, from a user's point of view, the proposals appear on the face of them to be a great improvement.

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.

We agree that placing nationally agreed outcomes into Single Outcomes Agreements allows for change and development without the need for legislative changes, but also demonstrates the Government's commitment to prioritise outcomes and emphasises the requirement for compliance with them rather than as a guide which may or may not be followed.

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?

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

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

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?

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??

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??

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?

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?

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?

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

Question 15 – Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

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?

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?

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

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

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?

Do you have any further comments regarding the consultation proposals?

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

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

Except for Question 6, which we endorse, Bupa has no specific comments to Questions 5 to 20. However, there are some general points we would like to raise.

Quality of Care

In the midst of instigating these proposals we stress the importance of eliminating poor quality care. Whilst this area of care is not the direct subject of this consultation we are of the opinion that it should not be overlooked. The aim is for an improvement in outcomes for people needing care but outcomes should be based on not merely achieving outcomes but achieving those outcomes through quality care.

We believe that there is still room for improvement in the consistency of evaluating the quality of care. Although we agree that the Care Inspectorate system, in place since April 2008, has improved evaluations, but there are still improvements which could be made. We have detailed our views in a consultation specific to the grading system, and we can provide a copy of that response should it be of use or interest to you.

We also believe that adult safeguarding has a major role to play in ensuring the quality of care. Presently there is a tendency for adult safeguarding information (both referral and outcome data) to be used inappropriately, often resulting in fewer referrals but no improvements in care quality. We believe that such information could be used to identify poor quality care, lead to the devising and implementation of systems to improve the quality of care and identify strategies that can be employed to prevent the occurrence or reoccurrence of poor quality care.

We believe that people should be able to expect and experience high quality care. We are constantly innovating to improve the care we give to our residents and have developed a number of in-house systems: "Personal Best" is a unique staff initiative to recruit, train and retain a committed skilled workforce to underpin quality of service and focus on individualised person-centred care; "QUEST" is an in-house assessment and care planning and associated documents portfolio which significantly improves the reliability of resident assessments and care planning; and our "Key Operating Guides" provide illustrated guides to key care-giving processes, boiling down policies to basics for front line staff to promote safe practice.

Finally, in order to deliver high standards, it is vital to ensure that the staff involved in delivering the services, are suitably motivated and skilled and trained. Clearly, it would assist providers to maintain and improve care quality if funding was sufficient to pay above minimum wage to attract care staff.

Adequate Funding

Without a realistic estimate of the costs of providing sustainable care, the system will not be able to deliver the improved outcomes necessary to ensure support for frail, older people in the medium and long-term. There is wide agreement that the current system is under-funded and to maintain minimum standards and deliver improved services will require higher levels of expenditure on social care than currently envisaged.

We know that many people are living longer which means that people are entering care homes at an older age and more frail than ever before. Bupa's most recent international census of the dependency levels of residents in its care homes in Australia, New Zealand, Spain and the UK, showed that:

- 62% are living with the effects of dementia, stroke or Parkinson's disease;
- 48% are immobile; and
- 94% have a clinical reason for seeking a residential care home place.

In 2003, Bupa care homes in the UK looked after just under 4,000 people who were living with dementia, in 2011 this figure is close to 7,000 and rising.

To provide aged care of the standard that meets this higher dependency level, there needs to be a public acceptance that investment is needed to continually train and develop staff, research new and innovative approaches to care, upgrade existing facilities, and build modern care homes that can cater for the individual needs of older people.

Consistent national assessment and funding

Whilst a standard assessment is used to determine to what personal and/or nursing care a person is entitled, in practice, there are still significant issues with local authority funding decisions: as they tend to be based on budget constraints rather than need.