

Scottish Health Council response to consultation on proposals for Integration of Adult Health and Social Care in Scotland

General Comments

The Scottish Health Council welcomes the opportunity to respond to this consultation. Our response has informed the joint response from Healthcare Improvement Scotland (which is our parent body) and the Care Inspectorate.

Whilst the Scottish Health Council supports in principle the integration of health and social care services, we would like to:

- Highlight the significant gap in the consultation paper on the important role that service users, carers and public representatives can and should play in shaping the development and delivery of integrated services
- Outline the work that we have done to gather views on user and public participation, and further work we are planning on this issue
- Identify points that should be considered as the legislative and policy work on integration progresses.

Our general comments focus on the above. Where we have comments relating to the specific questions in the consultation paper, these are outlined in the 'detailed comments' section below.

The importance of user and public participation in public services

Over the last decade, the benefits of involving users and communities in the design and delivery of public services has been recognised in numerous legal duties, guidance and policy documents, including for example, the report of the Christie Commission¹. Evidence has shown how participation can improve service quality² and emphasis is increasingly being placed on assets-based approaches and co-production of services. It is therefore surprising

¹ Commission on the future delivery of public services, Crown Copyright 2011

² Improving quality through participation, Scottish Health Council, June 2011

that the consultation on integration of adult health and social care services says so little on the issue of user and public participation.

Gathering views on user and public participation

Although there is this gap in the consultation paper, the Scottish Health Council has sought to ensure that consideration is given to the issue of user and public participation, and to ensure that user and community representatives have the chance to have a say on the proposals. This has helped to inform this consultation response and has included:

- Joint work with the Scottish Government's consultation/Bill team – we organised 4 consultation events (Perth, Glasgow, Dumfries, Edinburgh) on behalf of the Scottish Government to provide an opportunity for service user, public, community and voluntary sector representatives to have their say on the consultation proposals
- A joint event with the Coalition of Carers in Scotland – this included consideration of the potential implications of the consultation for carers.
- Input from our staff and public partners – we have encouraged our staff to discuss the consultation at team meetings and to feed in their views; we also organised a focus group to obtain views from public partners (volunteers with Healthcare Improvement Scotland) and other public representatives
- Scottish Health Council Committee discussions – health and social care integration featured on the agenda for the committee's June meeting and the committee approved this consultation response at its September meeting.

The Scottish Health Council believes it is essential to draw on the experience of both staff in NHSScotland and in local authorities who have a role in supporting service user and community engagement, as well as people who are already involved as user or public representatives in existing public involvement structures, in order to learn from this experience to inform future structures and approaches. We are currently in discussion with COSLA and Scottish Government colleagues with a view to commissioning a short research study for this purpose.

Points that require further consideration

The Scottish Health Council has identified many questions and issues that require to be addressed with regard to user and public participation, including the following:

1. The need for a joined up approach across Scottish Government initiatives – it is notable that whilst the integration consultation says little about community participation, this issue is covered in depth in another Scottish Government consultation which is running

in parallel i.e. the consultation on the proposed Community Empowerment and Renewal Bill. More clarity on how these consultations fit together would be welcome.

2. It is unclear whether current legal duties and guidance on involving users and communities will be replaced, and if so, what this will mean in practice for Health and Social Care Partnerships. The Scottish Health Council believes that there should be a single duty on NHS Boards and local authorities for community engagement in the context of integrated services, via the new Health and Social Care Partnerships. The existing differences in legal duties and related guidance for these bodies is confusing and is already causing some challenges in practice in the context of joint working.
3. The consultation paper does not address the issue of what will happen to Public Partnership Forums, which currently have a key role in enabling Community Health Partnerships to engage with local communities. It is vital that the knowledge, experience and capacity that has been developed in Public Partnership Forums is not 'lost' in the new structures. The Scottish Health Council believes that there is a need to build on and learn from what has worked well, and what hasn't, in terms of existing involvement structures when considering the new integrated system. Our work in supporting the development of Public Partnership Forums across Scotland means that we have a good understanding of these issues.
4. Assuming that legal duties regarding user and public participation are to continue, clarification is needed as to what systems will be in place with regard to quality assurance and improvement in terms of how these duties are met in practice. The Scottish Health Council plays a key role in this regard in the context of patient and public participation in NHSScotland. Our role encompasses all aspects of the integrated cycle for improvement:
 - Quality assurance – our Participation Standard is currently used to assess NHS Boards' performance in relation to key aspects of patient and public participation and to identify areas for improvement. In addition, the decision by Ministers as to whether to approve major NHS service changes is informed by a quality assurance report on patient and public involvement that is produced by the Scottish Health Council.
 - Continuous improvement – our local staff based in each NHS Board area work with NHS Boards to improve their approaches to patient and public participation, including developing involvement structures and methods for inclusive involvement, informed by evidence regarding good practice and the outcomes of quality assurance and evaluation activity.
 - Evidence and good practice - the Scottish Health Council's Participation Network works at national level to develop evidence and share good practice on patient and public participation, exchanging experience within Scotland and building links across

the UK and internationally.

The Scottish Health Council is keen to be involved in any work that will be undertaken to address these issues, drawing on our experience of promoting participation in the health sector, and our links with community planning partners.

Detailed Comments

This section of our response addresses the specific consultation questions contained in the paper, and focuses on those that are directly relevant to our work.

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?

Whilst the Scottish Health Council understands the arguments in favour of focusing initially on improving outcomes for older people, the consultation paper also recognises that there are arguments *against* this, including a risk of creating divisions with regard to adult services, and services for children and young people. Concern about this, particularly with regard to services for children with complex needs, was raised at the consultation events referred to above. We would welcome further information about what will be done to minimise the potential for any unintended adverse consequences of the focus on older people's services, and the likely timescale within which the focus will extend to integration of other services. As it is generally accepted that the case for integrating health and care services is sound, it is essential that there is a clear commitment from all key stakeholders, underpinned by robust planning, to ensure that this becomes a reality, and not just an aspiration, for all health and social care services.

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?

Please see our general comments above with regard to the omission of proposals for ensuring robust service user and public engagement in the new integrated system. Any such proposals would require to be accompanied by a commitment to ongoing community development and capacity building.

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?

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

The Scottish Health Council agrees that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements. However, it is critical that service users and communities across Scotland are able to influence the content of these, and are meaningfully involved in how they are implemented locally.

Legal requirements can effect changes in structures and governance mechanisms, but there is much more that needs to be done in order to achieve the necessary changes in cultures and behaviours.

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 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?

Further consideration is needed as to what the change in performance management arrangements will mean in practice, and how the statutory partners will demonstrate accountability to service users and local communities, as well as to Ministers, Local Authority Leaders and Health Board Chairs.

Para 4.11 states that the NHS Chair and Local Authority Leader will ensure that: “appropriate stakeholders have been engaged by the Health and Social Care Partnership in the planning and delivery of services”. Guidance should be issued for Partnerships in order to ensure there is clarity about expectations in this regard and to promote a consistent level of prioritisation and approach.

Para 4.12 refers to the proposed reporting meetings building on the current regime of accountability reviews for Health Boards. Annual reviews for Health Boards are held in public and offer the opportunity for public questions/input. We hope that the reporting meetings will also offer opportunities for public involvement and would welcome further discussion, involving communities, on how best to achieve this.

Para 4.12 also states that: “Accountability to the public will be via publication of local performance data.” It is essential that any data that is published is accessible and explained in plain language. Although publication of data is important, the Scottish Health Council believes that public accountability also requires opportunities for dialogue.

Para 4.18 indicates that there will be patient/service user representation on the committees, and that these committee members, along with certain other categories of members, will be ‘non-voting members’. Some concern was expressed about this by participants at one of the consultation events referred to above.

Public Partnership Forum representatives on a number of existing Community Health Partnership Committees have voting rights. There is no explanation in the consultation paper as to why this situation needs to change in the new Partnership arrangements, and this means that consultation respondents are not in a position to provide an informed response to this. We therefore believe that a rationale should be provided for the proposed distinction between voting and non-voting members and that there should be opportunity for further debate with regard to the thinking behind this, together with consideration given as to how this might impact on the operation of the committees in practice.

Paras 4.19 and 4.20 acknowledge the need for scrutiny and improvement support arrangements to be put in place. Healthcare Improvement Scotland is already working closely with the Care Inspectorate to ensure that there is an integrated approach where appropriate in terms of their roles in this regard.

The Scottish Health Council believes it is important that quality assurance and improvement support arrangements extend to the responsibilities of the new Partnerships with regard to service user and community engagement.

Healthcare Improvement Scotland, the Care Inspectorate and the Mental Welfare Commission for Scotland all have a 'duty of user focus' (in terms of the Public Services Reform (Scotland) Act 2010) in how they carry out their scrutiny and improvement activities. This ensures that users and public representatives are involved in both shaping and carrying out this important work. The Scottish Health Council will work with colleagues in these partner organisations to develop a shared understanding as to how the duty of user focus should be implemented in the context of integrated services.

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?

The Scottish Health Council believes that whilst it may be helpful to set some broad parameters and expectations with regard to locality planning, the detail of this should be determined through an inclusive process at local level. We agree that the engagement of local professionals is essential; and we would suggest that the engagement of service users and communities is equally important.

Question 17 raises a valuable point which merits further consideration, and we believe the same question needs to be asked about service user and community engagement. This can only be addressed by engaging people in discussions about existing barriers and preferences.

The Scottish Health Council believes that a commitment is needed to adopting a more creative approach to involving care professionals and communities, for example through using participation technologies and other flexible approaches that offer more varied mechanisms for people to get involved.

Do you have any further comments regarding the consultation proposals?

A number of Acts of the Scottish Parliament in recent years have included a statement of guiding principles, which have been useful both in setting the tone and spirit of the legislation and outlining expectations about how it should be applied in practice. The Patient Rights (Scotland) Act 2011 is a recent example of this. The Scottish Health Council believes it would be helpful for guiding principles to be included in the Bill for integrated adult health and care services. This could assist in ensuring that the sentiments of the Christie Commission, for example with regard to the importance of understanding and responding to the needs and aspirations of communities and strengthening community participation, could be reflected on the face of the Bill. ■

The integration of health and social care services must reflect the valuable role played by the third sector, both in terms of planning and delivery of services, and in supporting and facilitating user and community engagement.

7th September 2012

About the Scottish Health Council

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of patient and public participation in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of healthcare services, and in decisions about those services.

The Scottish Health Council is part of Healthcare Improvement Scotland.

Further Information

Further information about the Scottish Health Council can be found on our website www.scottishhealthcouncil.org

Any queries regarding this response should be directed in the first instance to Sandra McDougall, Head of Policy, Scottish Health Council, tel: 0141 225 5560 or email: sandra.mcdougall@scottishhealthcouncil.org
