Integration and Service Development Division
The Scottish Government
2ER, St Andrew's House
Edinburgh
EH1 3DG

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Please find below the Sexual Health and Blood-borne Virus Framework Third Sector Network's response to the Scottish Government Consultation on:

Integration of Adult Health and Social Care in Scotland

The Scottish Government has produced a consultation document on proposals for the **Integration of Adult Health and Social Care in Scotland**. We have surveyed the members of the Third Sector Network and this is their combined response.

Contact: Leon Wylie
Co-Chair Sexual Health and Blood-borne Virus Framework Third Sector Network
leon@hepatitisscotland.org.uk 07872818615

On behalf of network organisations that include;

Integration of Adult Health and Social Care in Scotland

Background and premise for proposals

The document claims that the proposals will address the traditional separation of health and social care – now referred to as the 'fault-line of 1948', and describes "two key disconnects in our system of health and social care - that between primary care and secondary care and that between health and social care. It is asserted that 'these disconnects make it difficult to address people's needs holistically, and to ensure that resources follow patients, service users and carer's needs; and that 'problems often arise in providing for the needs of people who access many services over prolonged periods, such as people with long term conditions, older people, and people with complex needs.' This is due to a current 'system of health and social care that still incorporates within it barriers in terms of structures, professional territories, governance arrangements and financial management that often have no helpful bearing on the needs of … service users, and in many cases work against general aspirations of efficiency and clinical/care quality.'

The document states that the Government 'need to reform the system to deliver care that is better joined up and as a consequence delivers better outcomes for patients, service users and carers … so that the balance of care shifts from institutional care to services provided in the community, and resources follow people's needs.'

Which services will be affected?

The Government proposes that there should be legislation "to enable Health Boards and Local Authorities to integrate planning and service provision arrangements for all areas of adult health and social care."

The Government promises to work with others to develop outcome measures for monitoring progress in terms of older people's services in the first instance and also, over time, further measures to enable us to establish the impact of integrated services beyond older people's services. The consequence of the focus on services for older people is that although all adult services will be able to integrate "the initial focus… will in terms of performance management be on improving outcomes for older people."

In terms of integration of wider services beyond health and care only housing is mentioned and only in terms of older people. The rationale for this focuses on easing hospital discharge. The Government state that, "We will not succeed if, in bringing health and social care together, we overlook the need to build upon the progress that has been made in bringing third and independent sector partners to the table when planning delivery of services. **The contribution of the third and independent sectors in enabling delivery of better outcomes is also a crucial factor in our wider public service reform plans**."

Questions on which the Scottish Government is seeking a response

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?

The gap between public, private and third sectors and between health and care and services including housing, welfare, employment services may be wider than that between health and social care; so too may the disparity in approach between the law enforcement/criminal justice and the health / care systems and these can impact on many people including problem drug users and people in recovery in similarly negative ways and prevent a holistic approach. Thus the proposals may be viewed as perhaps limited in their scope and present a narrow vision of how services could be planned and delivered to offer holistic support to people with complex needs.

A statement regarding establishing a clear set of principles based on equality, equity and human rights would be useful.

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?

The experience of third sector organisation's involvement in service planning is inconsistent across different areas of Scotland but there are examples of good practice which could serve to inform some areas where there has been poor practice or where there has been no or little development in this area. A formal model of third sector engagement and responsibilities would be welcomed and efficient.

Mandating health and social care integration may leave at risk groups outside the scope of the health and social care pathway but who potentially could have a significant role in an individual's positive outcome. E.g. Housing providers and services have a wider impact and potential role for many health and care service users. Housing support may become a high profile issue with the impact of the UK Government's welfare reforms. The Government should take into account the Advisory Group on Homelessness and Substance Misuse. http://www.drugsandalcohol.ie/12854/1/AGHSU_Recommendations_Paper.29.1.10..pdf

It would be important that a clear timetable is established in relation to "rolling out" proposals together with an assurance that each area of care will be considered carefully as there will be discrete differences, for example in issues relating to young people making the transition to adult services.

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 and for support to carers. 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?

The document does not mention the current approach towards integration of a wider range of services such as that taken by alcohol and drug partnerships (ADP). There are many similarities in those structures within this document however the ADP structure is based on negotiation rather than a mandated approach.

Significant numbers of marginalised and vulnerable groups, for many reasons, find it difficult to access mainstream statutory services. It is crucial that investment in third sector providers is considered a priority. The third sector is well placed to support and drive the transformation in public services described in the Christie Report. However, this requires the third sector to be treated as an equal strategic partner. For the third sector to be a partner in joint planning and locality planning this must include voting rights.

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

Using a range of outcomes rather than proscribing single ones may give more flexibility to local approaches although a minimum set of nationally agreed outcomes would be useful.

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?

The complexities and crossovers with areas such as justice and housing are hard to legislate for.

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

Lessons should be learnt from the implementation of ADP's. There is a clear possibility that health officers may be greatly disadvantaged by dealing with up to four local authority groups and this again makes local political interference possible and indeed likely. There is also a risk that performance management may take place across three infrastructures, creating onerous levels of administration.

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

There could be many layers of complexity added in this process, e.g. with health boards that cover a number of local authority areas. This may also require large amounts of extra staff resource to go with the bureaucratic resource.

The third sector should be a partner in joint planning and locality planning; this must include voting rights.

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?

NA

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?

There should be a nationally consistent approach to the baseline of "what's in, what's out".

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?

Evidence-based healthcare should be based on an equal weighting of scientific evidence, expert opinion and user experience. It is crucial that service users and their carers are afforded a stronger voice at a strategic level alongside professions; this is particularly important when desired outcomes are not being achieved.

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?

NA

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?

There are outside influences, such as GP contracts and DWP policy that could influence the outcomes. The consultation document does not address how those issues related to self-directed support (only applicable to social care) will operate within an integrated environment. There is potential for this to impact in a diverse number of ways on budgeted services, ultimately impacting on financial accountability.

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?

NA

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?

NA

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?

There should be a duty of consultation with local 3rd sector services as well. Significant numbers of marginalised and vulnerable groups, for many reasons, find it difficult to access mainstream statutory services. It is crucial that investment in third sector providers is considered a priority.

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?

NA

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

The earliest point of discussion should be about planning around need. One issue we identified in the Welfare report was that transport is an issue. Potentially locality planning around GP practices may end up as the best option but it should not be the starting point.

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

For local determination

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?

NA

Thank You

Leon Wylie

For the Sexual Health and Blood Borne Framework Third Sector Network