

Integration of Adult Health and Social Care in Scotland

Consultation response from the British Red Cross

September 2012

Who we are

1. We help people in crisis, whoever and wherever they are. We are part of a global network that responds to conflicts, natural disasters and individual emergencies. We enable vulnerable people in the UK and abroad to prepare for and withstand emergencies in their own communities, and when the crisis is over we help them to recover and move on with their lives.

2. The British Red Cross is part of the International Red Cross and Red Crescent Movement, which comprises:

- The International Committee of the Red Cross
- The International Federation of Red Cross and Red Crescent Societies, and
- 187 National Red Cross and Red Crescent Societies worldwide.

3. As a member of the Red Cross and Red Crescent Movement, the British Red Cross is committed to, and bound by, its Fundamental Principles. These are: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As an auxiliary to government in the UK, we help the emergency services and statutory authorities in any way we can to meet the needs of people affected by emergencies, big or small.

4. In Scotland, the Red Cross has over 4,000 volunteers supported by 500 staff members who deliver our humanitarian work in communities across the country. Last year in Scotland we responded to more than 400 emergencies, trained more than 30,000 people in life-saving first aid, assisted more than 550 asylum seekers and refugees and reached more than 23,000 young people with humanitarian education.

5. In relation to health and social care, we helped 32,000 people live more independently through our health and social care services in Scotland last year. We provide valuable time-limited support to vulnerable people, helping them live independently in their own homes – reducing admissions to hospitals, and residential and nursing care.

6. Our largest service is regulated by the Care Inspectorate, and our staff are PVG-checked, and qualified and trained to work with older people and vulnerable adults.

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Introduction

The British Red Cross welcomes the opportunity to respond to this consultation on the integration of adult health and social care in Scotland. The British Red Cross provides valuable short-term support to vulnerable people in Scotland, utilising preventative and re-ablement services to build confidence and enable people to continue to live independently in their own home and community.

9. Our services include providing extra support and care following discharge from hospital, assistance around the home, befriending to prevent social isolation, medical loan of equipment including wheelchairs and transport.

10. The Red Cross also offers a regulated health and social care service, *Options for Independence*, which operates across the country. This service supports adults from all age groups who have health or disability issues. It provides a range of support to meet the individual needs of service users and aims to improve or maintain their independence, thereby enhancing their ability to live as full a life as possible.

11. This response will be based on our experience of delivering health and social care in Scotland.

12. The Red Cross is generally supportive of the principle to integrate health and social care to improve care pathways for those in need. The proposals put forward in the consultation document focus largely on the technical elements of integration. While the British Red Cross understands the need to clearly establish the framework around how integration will be achieved between local authorities and health boards, it was unfortunate that there was so little detail on the role of the voluntary sector.

13. Following on from this, it was disappointing that there was so little discussion of the other policy developments currently being considered, particularly around self-directed support, joint strategic commissioning and community planning. It would have been interesting to have considered integration alongside these, specifically looking at the role of all statutory and non-statutory partners in achieving better outcomes for older people and vulnerable adults.

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?

The British Red Cross understands the rationale behind the proposal to focus initially on improving outcomes for older people, before extending integration to all areas of adult services. The demographic and financial challenges which Scotland is facing mean that the current system is unsustainable.

Older people's services accounted for approximately £1.3bn of local authority spend in social care services in 2010/2011, which is almost 50% of social care spend.¹ Almost 52,000 older people received home care support in 2011.² This is by far the largest group which receives social care and it is therefore logical to focus initially on older people's services.

Focusing initially on older people provides an opportunity to learn and build on the experience before rolling out across adult health and social care.

Health and social care integration – together with the Reshaping Care for Older People programme – has the potential to deliver better outcomes for older people, particularly around prevention and re-ablement. Partnerships with the voluntary sector, such as the Red Cross, who are well placed to help deliver these outcomes, will improve the chances for success. Furthermore, partnerships with the voluntary sector will ensure that throughout the process of integration the individual is not forgotten and the purpose of delivering better outcomes for vulnerable people remains at the centre.

The Red Cross believes there would be a value in outlining a timeline for implementation and evaluation of integration in older people's services and a timeline for rollout to all adult services creating clear goals and deadlines.

This would also recognise the vulnerable groups with long-term conditions and disabilities which are common to all ages and present a clear health and social care need. It is important that this group, who include those between the ages of 16 - 64 years old, are not left behind by a system focussed on older people.

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?

¹ *Commissioning social care*, Audit Scotland, March 2012

² *Home care services, Scotland, 2011*, Scottish Government 29 November 2011.

The British Red Cross welcomes the proposals to strengthen the role of the third sector and the continued commitment to direct more resources toward community provision and capacity building, with fewer resources being spent on institutional care in future.

The Red Cross also welcomes the requirement for local authorities and health boards to integrate all expenditure on primary and community health and social care for older people and subsequently vulnerable adults. This is required to create integrated care pathways, where the need of the individual is met regardless of whether a health or social care intervention is required.

Following on from this, the Red Cross also welcomes the commitment to integrate some expenditure from the acute sector. The Red Cross would suggest that in order to identify the proportion of acute care budget which is transferred to the new Health and Social Care Partnership, the current levels of spend on anticipatory care may be a starting point. This would help to facilitate the shift in resources to enable vulnerable people to be supported to live well in the community for as long as they can.

Introducing nationally agreed outcomes, for which chief executives of both health boards and local authorities will be held joint and equally accountable, is welcomed. However, the Red Cross would like more detailed information around the introduction of new nationally agreed outcomes. There has been considerable work undertaken around developing the current outcomes, which are now well established. While the Red Cross understands the need to reform to make these outcomes more transparent and accountable, it does not necessarily believe this requires the introduction of new outcomes. Rather than developing new outcomes, the Scottish Government has the opportunity to strengthen the responsibility and accountability for the delivery of health and social care outcomes through ensuring the Health and Social Care Partnerships are integral to community planning. This should strengthen the accountability of all community planning partners for the delivery of such outcomes. However, if the new outcomes are to determine what integration is to achieve, a detailed discussion is required.

The Red Cross is also concerned about the lack of detail on how the framework for engaging with the third sector in strategic commissioning will be developed. Without a clearer framework for engagement there is concern that standards will continue to vary considerably across local authorities.

If it is proposed that engagement with the third sector will continue through Third Sector Interfaces (TSIs), it will be important to address fully the issues around the effectiveness of TSIs to ensure that the third sector has the same role, remit and opportunity to be a fully engaged partner across all local authorities.

At present due to the varied nature of the third sector, TSIs are not always able to effectively represent the collective views of the sector. The Red Cross suggests that in order for the third sector to have a strengthened role in the strategic commissioning of services a mechanism must be in place to ensure that TSIs are effectively resourced and accountable to consult with organisations across the third sector.

Indeed, as the consultation document acknowledges, the third sector has a detailed knowledge of the needs of vulnerable people and the most appropriate models of support. If integration is to deliver better outcomes for vulnerable people, the structure must allow for the knowledge and expertise of the sector to inform the planning and commissioning priorities effectively.

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 Red Cross welcomes the move toward statutory partners to be held equally and jointly accountable for delivering nationally agreed outcomes, and feels joint accountability will go some way toward providing a mechanism to deliver change in the system.

It would be useful to have further clarity on whether the joint and equal accountability for the national agreed outcomes will apply beyond the new integrated partnership to the whole of the NHS, that is, the acute sector as well as primary and community care. By establishing accountability across whole of the NHS, similar to the Concordat with local authorities, then the NHS as a whole would be accountable for the delivery of the nationally agreed outcomes.

The Red Cross is concerned that the proposal put forward only deals with the procedural elements of integrating the statutory bodies. In order to achieve the extent of change required there will have to be a cultural change. This will require a more detailed design than simply a statutory duty on both health boards and local authorities.

Furthermore, the Red Cross feels that it would have been useful to have had more consideration of other policy developments currently being explored including self-directed support, joint strategic commissioning and community planning. This is particularly pertinent if there is an intention to introduce a new set of nationally agreed outcomes.

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 British Red Cross agrees that the nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements as this would go some way to ensuring all statutory partners, including transport and housing, would be accountable for the achievement of agreed outcomes.

The level of change that is needed in health and social care to meet the needs of older people, and then for all vulnerable adults, will require the input of a number of partners.

Ensuring the health and social care outcomes are prioritised as part of the Single Outcome Agreements will help to widen responsibility and accountability for their delivery to all community planning partners. This would also recognise the impact other functions such as housing, leisure, planning and business enterprise have on the ability to deliver on health and social care outcomes. The Red Cross believes that Community Planning Partnerships have a role to play in building joint working across all partners to identify the strategic priorities and planning provision. For this reason, the Red Cross feels that it is essential that the new health and social care partnerships are an integral component of the community planning partnership.

This once again demonstrates the need to consider health and social care integration alongside the other policy developments currently being reviewed.

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?

Yes, it should improve the transparency of information in relation to performance and achievement of outcomes. However, care would need to be taken within the proposals to ensure that joint responsibility would not mean diffusion of responsibility.

Question 6

Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority.

The British Red Cross believes that at present the new Health and Social Care Partnerships should be coterminous with local authority areas.

A move away from this would require significant re-structuring across health boards and local authorities creating unnecessary delay in moving towards integration.

Question 7

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

In terms of the proposed arrangements it is the British Red Cross understanding that this reflects the current governance arrangements across CHCPs. However, there remain inconsistencies as to the effective involvement of relevant professionals, the local community and third sector. The requirement to ensure effective involvement and consultation as part of the planning and decision making processes will need to be strengthened.

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?

The British Red Cross believes that theoretically the performance management arrangements are sufficiently robust to take effective action if local services are failing to deliver appropriately. However, the bureaucracy surrounding these arrangements and a potential reluctance of officials to take action could adversely affect the achievement of the agreed outcomes and render the process ineffective. This would in turn have a detrimental impact on public confidence.

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?

Yes, the Red Cross would support the ability of health boards and local authorities to include and integrate other functions within the Health and Social Care Partnership.

As the objective of integration is to deliver better outcomes for vulnerable people, local authorities and health boards should be given the ability to integrate other functions as required in response to local assessed need.

However, the caveat to this is the need to ensure consistency of approach and delivery of outcomes across Scotland and the need to address local circumstance. Local flexibility is required.

Question 10

Do you think the models described above can successfully deliver our objective to use money to the best effect for the patient or service user, whether they need “health” or “social care” support?

The British Red Cross supports the move toward an integrated budget, where it becomes irrelevant whether the assessed need is for a “health” or a “social care” intervention and the focus turns to ensuring that the assessed need is met and financial and other resources are used to the maximum effect.

It is important to note that the Red Cross has only limited experience and knowledge of the models for integration that have been put forward and as an organisation we have taken this into consideration in our response. We do however provide services in Northern Ireland which has an integrated health and social care system.

At present the Red Cross provides social care services in Highland where integration has already started and has followed option (b). Unfortunately, the learning on how effective this model is to deliver integration and the outcomes set out remains limited due to the length of time that it has been operating.

While the British Red Cross is able to provide high quality services in Highland where integration has followed the option (b) model, the organisation would be inclined to support option (a).

The reason for this is that by establishing the Health and Social Care Partnership as a corporate body it would create a legal entity that is responsible and accountable for delivering health and social care (excluding acute care), therefore would be best placed

to deliver on community integrated health and social care objectives.

The option (a) model of a corporate body would also assist with joint commissioning. Currently, health boards and local authorities are charged with developing joint commissioning and procurement strategies, with varying degrees of success. Establishing one corporate body, the Health and Social Care Partnership, would have sole responsibility and would be held accountable for delivery.

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?

The main difficulty that the British Red Cross have experienced in relation to flexibility across the health and social care system has been due to people working in silos. This can result in a disjointed delivery of care and support to vulnerable people and ultimate failure to achieve the desired outcomes.

While the Red Cross welcomes the integration of budgets and the move to jointly and equally accountable national outcomes for local authorities and health boards, it is important that integration moves beyond budgets to also enable effective joint working. Although there are examples of effective joint working across Scotland this could be developed further.

The Red Cross would welcome an integrated system which we would hope would offer a single point of access to statutory funded care and support for vulnerable people.

Question 12

If Ministers provided 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 objective we have set out?

To ensure the transfer of appropriate financial resources to the partnership there will be a need to now identify and ring-fence the spend attributable to all primary and community health care services and social care services for older people and vulnerable adults. This would then set the baseline budget for transfer to the new Health and Social Care Partnership.

In addition, in order to achieve the objective the Red Cross would also encourage ministers to set out a clear timescale for full integration of adult health and social care. Without this, there would be a concern that the strategic intention would be undermined and the process of integrating would be prolonged.

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?

The British Red Cross does not feel that there is sufficient information in the proposals to answer this question.

Question 14

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

As above, the British Red Cross does not feel the proposals provide sufficient information to enable us to answer this question.

Question 15

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

The Scottish Government should set out their national policy goals and monitor local interpretation. They should be prescriptive in identifying the minimum statutory and non statutory involvement in the planning process. This should allow local flexibility and accountability but also ensure involvement.

One way of doing this is by strengthening Community Planning Partnerships. This helps to ensure that statutory and non statutory partners are held accountable to deliver on the Single Outcome Agreements, which will include health and social care outcomes.

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?

The British Red Cross agrees that health professionals should be involved in the planning process. There are links to the answer given in question 15 in that the Scottish Government should be prescriptive in terms of the minimum level of involvement.

The Red Cross recommends that Health and Social Care Partnerships be required to be transparent as to the resources identified to support the implementation of the duty on Health and Social Care Partnerships to consult in this manner, and maintain this consultation arrangement.

Furthermore, if this is to be undertaken there must be a requirement to have a direct link into the Health and Social Care Partnership.

Question 19

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

The British Red Cross feels that there is a lack of clarity and details about locality planning groups. There is insufficient information on how they would engage with the Health and Social Care Partnerships and crucially how they would be resourced.

That said, the Red Cross does recognise the value of planning at the most local level, particularly in areas which are geographically spread and would have been interested in a more detailed discussion about how the proposals would help to make this work effectively.

Question 20

Should localities be organised around a given size of population – eg of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

14. Once again, the Red Cross feels that there is a lack of clarity about locality planning groups. However, given the demographic and geographical spread of Scotland, the Red Cross does not believe the needs of individuals would necessarily be better met by locality planning groups which are based exclusively on population size.

15. From our experience of delivering services, we would prefer a model of locality planning informed by the demographic and geographical factors faced by the Health and Social Care Partnership. Population size alone would not be an effective measure.