

INTEGRATION OF ADULT HEALTH AND SOCIAL CARE IN SCOTLAND EILEAN SIAR - SCOTTISH GOVERNMENT'S CONSULTATION RESPONSE

The principle underlying the Government's plans to integrate health and social care services is sound: achieving the best possible outcomes for older people and other adults. The Comhairle shares this goal and is committed to working with Government and others to achieve it.

Locally, the Comhairle has a strong track record in shifting the balance of care from institutional care to community care. The desire to deliver the best outcomes for the people who use our services, coupled with the increasing demographic demand and downward financial pressure, mean that services need to change and adapt to provide the best outcomes for people in changing and difficult times.

The Comhairle welcomes the emphasis on an outcomes based approach to deliver integration which is in accordance with Christie Commission report on integrating public services. The Comhairle would wish to emphasise the need for local solutions to local issues and its desire to avoid legislative change that increases the likelihood of unintended and undesirable consequences.

The Comhairle has concerns about the role of the Chief Social Work Officer and the Finance Monitoring Officer (Section 95 Officer) in any integrated system, preferring these complex issues to be dealt with by guidance and regulation. Further information and clarification is necessary regarding the role of the joint accountable officer, integrated budgets and resourcing and governance arrangements.

With regard to the performance management arrangements, the Comhairle is pleased to locate the performance of the health and care partnership with the terms of the councils' Single Outcome Agreement, but would like to see the whole integration agenda located within a Community Planning context.

The Comhairle also considers that much more information is required about the level of the acute NHS budget which will contribute to shifting the balance of care and much more emphasis and detail on this issue should have been included in the consultation. Including more detail about the level of acute NHS budget which will contribute to the shifting of balance of care would have been beneficial.

EILEAN SIAR - 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?

Focusing on one section of people based on their demographic and not on their needs is not helpful. From a social work perspective services are provided in an integrated way because human issues seldom come singly. One of the benefits of social work is that it is a service which looks at all the needs of the person, in this case the older person, helps them tackle issues and live the life they want to. To take older people's care away from, for example, physical disability, learning disability, addiction work and mental health work and then try to extend the integration work to cover these service areas does not make practical or efficient sense.

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?

No. The information regarding the acute sector is under-developed. The document proposes that all of the older people's care budget from councils and 'some' acute spend from health boards is put into a pooled budget. This needs to be clarified.

The proposed framework is also highly prescriptive and does in fact propose structural change, which research shows is at best ineffective at delivering better outcomes. The financial contribution of social work constitutes nearly 20% of the Comhairle's budget. Putting that amount of resource into a new structure represents structural change. This is something the Association of Directors of Social Work has made clear should not be the focus of this exercise.

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.

The Comhairle would argue that performance management should be embedded within the community planning frameworks which already exist. If we are to deliver better outcomes for older people then it is not just Health and Social Work that have a role: housing, policing and many other services also have key roles to play.

The proposals should be clearer about where the outcomes for older people will sit in relation to the HEAT targets for the NHS. It is important that the nationally agreed outcomes for older people have a similar profile and complement the other performance management arrangements in existence within the NHS as they do within councils, otherwise there is a risk they will not deliver what is intended.

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 and they should be in the context of community planning arrangements.

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?

No. The Council Leader is the Leader of the administration and it is the administration which is responsible and accountable, not one individual.

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

Councils and NHS Boards already have established relations and joint working practices. This should be a power, but not a duty under the legislation, allowing local decisions to be to suit local circumstances.

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

No, they need to be strengthened and the link to democratic accountability made stronger. The Comhairle shares the concerns of the ADSW would also have about the number of members of the committee. A minimum of three from the health and council sides are proposed, but this will effectively mean that it would be possible for only six people to be scrutinising a significant level of budget

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?

Yes, but detailed work is required to provide more information.

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, this should be a decision reached locally by the 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?

The Comhairle believes it should focus on outcomes rather than structures and should provide further definition on the problem that is trying to be solved.

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?

Yes. A proportion of funding from closure of long stay beds within a hospital setting – has not transferred to the Care at Home service.

Question 12: If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide impetus and sufficient local discretion to achieve the objectives we have set out?

Yes, this would be helpful. The Comhairle shares concerns at the persistence of the term 'some acute' when referring to the amount of resource to be contributed to pooled budgets from the acute sector of the health service.

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 Comhairle has concerns in this regard, because it feels that the contribution of the acute sector is unclear and that is a weakness in the consultation. It is the issue that could make or break the success of this policy, yet it is not in sufficient detail in the consultation.

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

No. The seniority of post should be determined locally.

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

No, by definition locality planning should be local.

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?

Yes the duty is strong enough, but there does need to be additional emphasis on consulting users and carers.

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?

Joint strategic commissioning would help with this local drive and is the Comhairle's view essential to the success of the policy.

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

This is about people and the locality should reflect the place they live in and should complement the organisation of other services they use where possible.

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

Nothing should be devolved from Health and Social Care Partnerships, which should remain the decision-making and accountable body.

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?

No. The Comhairle would like to see the Health and Social Care Partnerships embedded within Community Planning Partnerships.

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