



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

Social Work Service

Stephen Moore
08451 555555 ext. 444112
stephen.moore@fife.gov.uk
Your Ref:
Our Ref: L110912/SM/FMcK

11th September 2012

Dear Sir/Madam

CONSULTATION – ADULT HEALTH AND SOCIAL CARE INTEGRATION

Please find attached response from Fife Council in respect of the above consultation for consideration by the Scottish Government.

Yours sincerely

A handwritten signature in black ink that reads "Stephen Moore".

Stephen Moore
Executive Director
Social Work

Fife Council Rothesay House Rothesay Place Glenrothes Fife KY7 5PQ

TELEPHONE 08451 55 00 00
FACSIMILE 01592 583253
MINICOM 01592 583254

STEPHEN MOORE Executive Director of Social Work



Gold Award

Agenda Item No.

Adult Health and Social Care Integration Consultation (Updated)

Report by: Stephen Moore

Wards Affected: All

Purpose

The Executive Committee to respond to the Scottish Government Consultation on the Integration of Adult Health and Social Care in Scotland.

Recommendation(s)

It is recommended that the Executive Committee:

- (1) Agree the content of the consultation response and approve submission to the Scottish Government.

Legal & Risk Implications

No implications

Impact Assessment

An impact assessment has been carried out by the Scottish Government on the Consultation.

Consultation

The Consultation questions have been subject to discussion at a special Social Work and Health Policy Advisory Group Seminar held on 12th July 2012. A special briefing session has been held on 28th August 2012 to which all elected members were invited to give their views and thoughts on the consultation.

1.0 Purpose of the Consultation

- 1.1 Local Authorities and in particular Social Work Departments have an excellent 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.
- 1.2 The Scottish Government consultation sets out how it plans to reform the system of Adult Health and Social Care to deliver care that is better joined up and as a consequence delivers better outcomes for patients, service users and carers.
- 1.3 The Scottish Governments Integration proposals have the following objectives:
 - Health and social care services are firmly integrated around the needs of individuals, their carers and other family members;
 - That they are characterised by strong and consistent clinical and care professional leadership;
 - That the providers of services are held to account jointly and effectively for improved delivery; and
 - That services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve – rather than the organisations through which they are delivered.
- 1.4 We in Fife have a strong track record of working together to deliver good outcomes for those who use and need our services. We believe that our public services are most effective when they work closely in partnership and that the outcomes for those who use our services are better when we reduce duplication, share our expertise and resources and when the responses are based on the needs of the individual. We have already seen the benefits in service delivery; development of good practice; progress in inter-agency working and better co-ordination of services through the work undertaken through the Change Fund for Older People Services. Examples of this include the development of our home care reablement provision and the Hospital at Home scheme, both of which are being implemented as part of a whole system approach to reshaping care for older people. This approach also includes intermediate care and telecare services and the programme has the specific aim of reducing admissions to hospital and care homes through the promotion of independence for older people at home
- 1.5 These initiatives are supported by an increasing movement towards co-location of health and social care teams and through our partnerships with providers in the third and private sector. The principles enshrined in this inter-agency approach reinforce our view that we need greater focus on supporting cultural change and outcomes for service users rather than structural reorganisation.
- 1.6 We welcome the emphasis on outcome based approach to deliver integration which is in accordance with the Christie Commissioning report on Integrating Public Services. We are strongly of the view that the decisions regarding the service delivery and resources to improve outcomes should be determined locally. We would support the

view that the performance of health and social care partnership is best located in terms of the council's single outcome agreement and would like to see the whole integration agenda located within a Community Planning context.

- 1.7 The communities of Fife are diverse and their needs are different, in order to meet these diversities the most effective governance arrangements should be locally developed and delivered. We would strongly support the view that Integration of Adult Health and Social Care services extend to all adult care and social care services and that this is done in an orderly, planned and coordinated manner. In order to achieve the maximum benefit and minimise disruption we believe the priority area for integration should be for older people with further integration building on this.
- 1.8 We believe that much more information is required about the level of the Acute NHS budget which would contribute to shifting the balance of care and further work on this is required if we are going to fully realise the potential of the current resources available within the NHS and Local Authority.

2.0 Fife's Approach to the Consultation

- 2.1 A special meeting of the Social Work and Health Policy Advisory Group was held on Thursday, 12th July, 2012 to consider and give comment to the twenty questions posed by the Government. The outcome of the seminar has formed the Council response to the Scottish Government Consultation.
- 2.2 The Executive Committee on 21st August 2012 agreed that the Executive Director (Social Work), in consultation with the Chair of this Committee and the Chair of the Education, Social and Communities Scrutiny Committee, organise a briefing session for all elected members on the consultation paper. This briefing session was held on 28th August 2012 to which all 78 elected members were invited. The comments received have been amalgamated into the revised response.
- 2.3 The views of the Scrutiny Committee which will be held on 4th September, 2012 will be reported to the meeting of Executive Committee on 11th September, 2012.
- 2.4 Appendix 1 gives details of the questions and the proposed answers. The closing date for the consultation is 11th September 2012.

3.0 Conclusions

- 3.1 The Scottish Government Consultation on Integration of Adult Health and Social Care in Scotland concludes on 11th September 2012. The Executive Committee is asked to consider and agree a response on behalf of Fife Council.

List of Appendices

Consultation Questions and Answers

Background Papers

Scottish Government Consultation Document

Report Contact

S Moore
Executive Director (Social Work)
Rothesay House
08451 55 55 55 Ext 444112
stephen.moore@fife.gov.uk

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

Response to the Scottish Government's consultation exercise on the integration of Adult health and social care services.

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?

Response: In principle, however there are a number of factors to be considered e.g. impact on service users and timescales for implementation. This has to be done as well as a culture for change as far as individual responsibility is concerned. The overall risk would be around people/technology/skill-training/demographics. We welcome the development of an integrated approach of Social Care that is designed and delivered around the needs of individuals and local communities. Our goal for integration of Health and Social Care is to tackle these challenges and, in particular, to address the 'disconnects' described above – so that the balance of care shifts from institutional care to services provided in the community, and resources follow people's needs. We in Fife have recognised that working together delivers better outcomes and do think that a focus on Older People alone would have serious implications to Adult Services, with people at transition from children's services, and with younger adults with physical and learning difficulties. Given the scale of the proposed changes and the implications for service users it is important to ensure sufficient time is taken to consolidate the benefits and outcomes and integrate services in an ordered and co-ordinated fashion. We believe the priority should be to secure better outcomes rather than be restricted by an arbitrary timescale. We intend to prioritise and have an initial focus on securing improved outcomes for 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.

Response: There are a number of areas which are missing within the consultation e.g. adult care, mental health and children's services. By its nature it cannot be comprehensive as so much of the detail needs to be determined at a local level so that implementation is fit for purpose. Housing Services and budgets need to be considered e.g. OT re adaptations, and the significance of technology in integration. The information regarding the acute sector is significantly undeveloped this needs to be addressed and clarified.

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?

Response: We should adhere to national agreed outcomes, but give due regard to local priorities for methods of delivery. More detailed information is required before accountability measures which are fit for purpose can be further discussed. Local partnerships need to consider service users and their families and consider ongoing accountability measures that meet the needs of the local communities.

We are disappointed that the strong track record we have in Local Government in putting the Service User at the heart of what we do, including empowering and supporting them to make informed judgements and decision regarding the response to their needs has not been reinforced within the consultation.

We strongly urge the Scottish Government to insure the widest consultation be taken on any proposals that are made.

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

Response: In principle having some top level outcomes is useful, however need to consider the local demography and consider in addition what would be an appropriate responsive measure. Also, the new Health & Social Care Partnerships should have maximum flexibility in determining the extent of the agreed outcomes.

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?

Response: This needs to be further debated, in respect of the accountability to the Government Minister. If the Local Authority leader represents the Council view, it is important that consultation with local councillors needs to determine the position. We would like to agree a partnership with the Government minister which is based on shared responsibilities for outcomes.

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

Response: Fife is coterminous with the NHS and therefore would only have one boundary.

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

Response: While Fife has a long established history of working together, for example, through our existing Health and Social Care Partnership we recognise these governance arrangements will need to significantly change in

order to achieve better outcomes through integration. The primary accountability of the Health and Social Care Partnership should be the full Council and full Health Board – this maintains the principle of collective responsibility. The number of councillors on the Health and Social Care Partnership should reflect the scale and remit of the integration agenda. The Health and Social Care Partnership governance arrangements need to be robust to ensure effective oversight and direction setting for the Joint Accountable Officer.

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?

Response: There is a requirement to seek further clarification on the arrangements and in particular greater involvement with GPs, Pharmacists and other professionals working in the local community. The new Health & Social Care Partnership needs to be able to respond to local crisis opportunities and challenges effectively.

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?

Response: Most definitely the approach should be holistic and therefore funding and budgets should ensure that the service scope is considered and managed, with service users at the heart of the service. The following is a suggestion of what should also be included: Dieticians, dentistry, podiatry, public health. There is scope for increasing integration to a much wider range of adult and social care services. These should be developed locally and will build upon good practice developed over recent years and reflect local needs and conditions.

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?

Response: We should ensure that we maximise all savings potential including removing duplication and considering the potential for the extension of VAT exemption. The model requires being flexible to ensure that future focus is based on demographic projections and considers all other stakeholders e.g. housing, technology and transportation. It must be founded on achieving better outcomes. We need also to examine all opportunities to improve outcomes through integration.

It is our expectation that the Scottish Government will fully fund the agreed outcomes that are required to be implemented by the Health and Social Care Integration model.

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?

Response: The change fund is one example of early intervention which has achieved better outcomes for service users. Fife Council in partnership with the NHS in Fife have developed a "hospital@home" model, along with Integrated Response Teams and re-ablement programmes. The investment of the Change Fund is welcomed; however, the time span is insufficient to make the major changes required.

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?

Response: Ministerial direction may be at a different pace or differ in respect of national issues versus local issues. Fife should have the capacity to consider local needs and it further should have the capacity to design services which consider the demographic priorities and problems which occur in different areas due to e.g. deprivation. Fife should have the discretion and capacity to develop and deliver local solutions to local needs. The question "some" acute resources being delivered in the community requires significantly greater clarification.

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?

Response: The Jointly Accountable Officer is pivotal to the success and challenges which the transition will bring. The JAO needs to be at a senior level and the right person appointed will ensure that direct investment is made at the most appropriate level to ensure the balance of care is delivered. The JAO will have several reporting mechanisms and what must be considered is the support to this Officer to allow the above to be successful.

Although it would seem that the Jointly Accountable Officer is to be at a senior level, the description of the powers and governance arrangements between the Jointly Accountable Officer/Health and Social Care Partnership and the NHS/Local Authority is not sufficiently clear and requires further explanation. Further clarification is required between the respective responsibilities and duties of the Section 95 Officer and the Chief Social Work Officer.

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

Response: The Officer needs to be at a senior level and we believe that the appropriate seniority has been placed on this by the Government within this consultation.

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

Response: Local parameters on planning should be left to the Local Authority who are best placed to consider models and effectiveness of services in their own localities to achieve the Single Outcome Agreement and Community Partnership 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?

Response: Fife would continue to improve consultation with professionals in all Health and Social care at each stage in the integration, to ensure early inclusion of all partners.

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?

Response: There needs to be an emphasis on engagement with clinicians and social care professionals. There also needs to be wider engagement with the third and private sector to ensure identified local community needs are actioned and delivered. The role of clinicians, social care professionals and the third and independent sectors in the strategic commissioning of services for adults will be strengthened. Health and Social Care Partnerships should ensure that effective processes are in place for locality service planning led by clinicians and care professionals, with appropriate devolved decision-making and budgetary responsibilities.

We would also put in place arrangements for locality planning to deliver locally agreed joint strategic commissioning plans that have the support of the professionals and other care providers who will deliver services.

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

Response: Fife already has an infrastructure of seven Areas, based on Area Committees. This structure could be developed to include GP's surgeries as they also know their areas and clients' needs. Consideration needs to be given to the flexibility of services especially where local hospitals fall into a specific local area.

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

Response: There is a need to ensure a balance between strategic and local planning, although decisions can be devolved to ensure greater accountability. Consideration needs to be focused on what is achievable therefore a gradual decentralisation maybe more appropriate. Health and Social Care Partnership should remain the accountable body for both policy and performance. Also we will consider how the patient/service user has the maximum participation in Health and Social Care responses to their specific needs.

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?

Response: As discussed at Question 18 – the Local Area Committee structure can be developed around localities, and it should not be restricted by size as this is too prescriptive. We will seek at all times to ensure that the response for social care should reflect the needs of the community they serve.