

Integration of Adult Health and Social Care in Scotland.

Consultation on Proposals

A Response from Edinburgh Voluntary Organisations' Council

Edinburgh Voluntary Organisations Council, as the local Council of Voluntary Services, welcomes this opportunity to offer comment on the Scottish Government proposals to integrate adult health and social care. In order to develop this response EVOC has conducted its own exercises with local voluntary sector care providers and it is those discussions which have helped shape and inform this response.

The legislative proposals to integrate adult health and social care follow in the footsteps of the Christie Commission Report recommendations for public service reforms and have a direct bearing on the personalisation agenda. This policy move towards integrated health and social care services for adults is strongly supported across the local voluntary sector, with comment on the proposals offered in that light.

Replacing Community Health Partnerships with Health and Social Care Partnerships provides scope to build on learning from the former. Governance arrangements proposed in the consultation document lay out a discrete body directly accountable to central government, extract its functions from within the NHS and refer to a place for voluntary sector representation. The plans describe a structural approach to joint health and social care governance which concentrate on two partners, namely the local authority and territorial health board. In taking this approach it appears the voluntary sector (and wider community) role and contribution has not been significantly developed or recognised as an equal partner; EVOC seeks a role for voluntary sector representatives in line with comments at ministerial level which clearly suggested a stronger role for the third sector than is currently held in Community Health Partnerships.

In discussions local voluntary agencies take differing views on this weakness in the plans. For some a voting place is regarded as a remedy while others recognise the complexities of such a role and consider an approach akin to Change Fund arrangements as the more realistic way forward (bearing in mind issues of budgetary accountability). Locally Change Fund arrangements have served the voluntary sector reasonably well leading to a well defined agenda, with some measure of value and support given to aspects of prevention such as community capacity building and co-production. In this context there remains scope to further develop the prevention agenda but a significant start has been made. Therefore EVOC suggests a role for voluntary sector representation that builds on these achievements and adopts a similar approach by giving clear guidance which describes a 'sign off' role for the voluntary sector in budgetary decision making processes.

The matter of allocations by the local authority and health board to define an integrated budget appears to have been left to local negotiations. Yet it is well recognised that structural reforms may not address the issues. "Partnership working depends on good local relationships, commitment and clarity of purpose, irrespective of structural arrangements" (Key Messages. Review of Community Health Partnerships, Audit Scotland. Page 2, paragraph 15). To this leadership can be added as a prerequisite for an effective partnership which makes a difference. The proposals appear to neglect issues of culture and leadership in favour of an over-concern for governance and process. Establishing principles of equal partnership and personalisation in legislation is considered more important and necessary to the effectiveness of HSCPs as commissioning and delivery agents.

A stated aim of the plans is to address concerns around cost shunting between local authorities and health boards. It does not seem clear quite how the plans will achieve this goal. Rather without more clearly delineated legislative direction local statutory bodies are able to continue to practise forms of protectionism leading to a similar issue of cost shunting, merely shifted to a different place in the structures. The move to shift some resources from NHS acute care is welcome but if HSCPs are to make a difference to Shifting The Balance of Care more than a cursory nod in this direction is needed. Indeed clarity is required in defining the extent of the shift expected, with indicators set sufficiently tightly to ensure progress.

A further issue with regard to cost shunting has yet to be addressed in the plans, namely that some social care services have charging regimes while health services come free at the point of delivery. The legislative proposals appear to have ignored this potential brick bat. Where no guidance or framework is proposed there is a significant risk that the cultural and financial framework differences between Councils and Health Boards may crystallize around this issue leading to a system paralysis, and confusion and delays for service users. Furthermore the plans make no reference to the implementation of Self Directed Support, and as the SDS Bill currently makes no reference to a role for the NHS there appears to be some scope for misunderstandings and dispute among statutory partners. A consequence for people accessing services may well arise in that responsibility for meeting need has not been clearly defined in this context. For service users it seems a matter of some urgency that the legislation confronts the differences between partners re charging for services and provides guidance on parameters for social and health care provision.

For the local voluntary sector the CHP has presented considerable challenges. Not least among these is found in the composition of the Sub Committee which number a majority of medical professionals and allied groups. Establishing a more rounded perspective of community health issues incorporating the social model [of health] remains a significant issue. Given the widely recognised contribution of social factors to health outcomes HSCPs could usefully incorporate wider agendas than that of medical professions. The proposals seem to maintain the composition of HSCPs much as CHP Sub Committees. The very significant role the voluntary sector has in delivering better outcomes for communities and individuals (particularly with regard to Equally Well) could be more clearly reflected in the composition and culture of HSCPs by augmenting their membership to draw on the expertise of the sector more widely. In turn a partnership approach will become more readily apparent and equal; while a move to stronger alignment across sectors can only lead to better outcomes for all.

The voluntary sector has a long track record in tackling inequality and CHPs have taken a lead role in addressing Scotland's health inequalities. National outcomes suggested for HSCPs include healthier living in which reduced health inequalities feature as a part thereof. In order that HSCPs continue to advance this work and lead to improved outcomes EVOC suggests legislation contains clear priorities that focuses HSCPs on a strategic role, else the new body is at risk of becoming a service delivery mechanism exclusively.

Proposals for locality planning include a duty to ensure local arrangements are in place and reviewed for local service provision. The plans as presented give little detail about the form and content of arrangements. They appear to draw on previous arrangements for local health planning ie there seems some resemblance to the LHCCs which pre-dated CHPs, albeit with the inclusion of partners. A concern for voluntary sector SMEs is the lack of detail around this element of the plans, posing a question around the role for voluntary sector community based services. The strengths of the voluntary sector lie precisely in this area where there is a track record of locally based and locally driven services. SMEs

make significant contributions to community capacity and resilience, are often based on co-productive models and form a key part of community assets. Local voluntary agencies carry unique knowledge and expertise of local need and circumstance and would welcome formal, legislative commitments to equal partnership at local level.

In discussions with the local sector agencies were keen to understand the 'connectivity' of the legislative proposals to other agendas and structures but felt the Bill needs to tease out these relations. Of particular concern in this respect are the current proposals for welfare reform, which present enormous challenges to disadvantaged and vulnerable adults, and to the voluntary sector services working with these groups of people. The absence of housing in the proposals raises concerns that a key factor in improved well being and a sense of belonging will be sidelined, with the consequence that services will not synergise around individual need, leading to fragmented service pathways and disrupted experience of services for individuals. Further, strategic approaches to inequalities (especially health inequalities) require a joined up approach to address the many factors which determine and influence individual and community well being. EVOC urges the links to community empowerment and individual choice and control be made explicit and embedded in legislation, alongside other relevant policy measures.

Finally the creation of a third statutory body will lead to ever greater reporting burdens for voluntary agencies. The present situation that an agency in receipt of funds from the local authority and local health board has to conform to two separate regulatory frameworks for funding will be exacerbated unless a way is found which merges the two systems. The drive to achieve this, in which the needs of all partners are met and the considerable resources given to over-prescriptive performance monitoring regimes can be released elsewhere to improve value, requires a legislative push. Local attempts to merge reporting systems have foundered on the challenge of addressing distinct statutory frameworks despite a shared intention and desire. The solution to this issue, the scale of which should not be underestimated, can only be found in legislative change which brings the interests of all partners together.

KEY MESSAGES.

- A legislative framework to integrate health and social care must strike a balance between an intention to enable and a need to furnish change, in order that HSCPs become instruments for genuine reform to reflect the spirit of personalisation and recommendations of the Christie Commission consistently. Integrating health and social care requires legislation that accommodates geographic circumstance but perhaps more importantly, minimises local idiosyncrasies. To achieve a balance clearer direction is needed in the legislation, particularly around budget formation.
- Equal partnership needs to mean equal, budgetary accountability notwithstanding. Edinburgh's experience of Reshaping Care for Older People has shown how a role for the voluntary sector (in the form of the local Third Sector Interface) can shape and influence service design and delivery to promote community capacity building and preventive functions. In this light the voluntary sector can have more than a role in

joint commissioning. Legislation needs to say and do more to describe a role that capitalises on the intelligence, expertise and resources the voluntary sector holds; and delivers tangible outcomes from engagement.

- The legislation appears pre-occupied with governance. Opportunities have been created in the Report of the Christie Commission for public services to relinquish traditional patterns of behaviour, become more flexible and put people and communities at the centre of service design and delivery. The legislation ought to show a commitment to those aims and encapsulate the principles and values of co-production throughout health and care structures.
- A strength of the voluntary and community sector lies in the plethora of local groups and agencies which provide for individual need, and form networks which create community resilience. In addition to addressing governance concerns similar weight should be given to legislation that enables the inclusion of diversity (recognising the social model of health and well being), a stronger voice for advocates of equality and reflects an assets based approach. Measures are needed make clear the value and significance of voluntary and community sector contributions to health and social care; which empower voluntary agencies and communities (within HSCPs), particularly in relation to linkages with community planning; and enable statutory partners to step back from paternalism and forward to a more progressive culture.