

I welcome the opportunity to respond to the 'Integration of Adult Health and Social Care in Scotland: Consultation on Proposals'.

General Comments

I welcome the aspiration and policy intentions of the proposals contained within the consultation document. I agree that working practices, cultures and systems need to be integrated and brought together to improve outcomes for individuals and the families supporting them. Attempts to address this previously have been stymied by professional, cultural, organisational, regulatory and statutory factors. An overhaul of the current systems is both welcome and necessary as joint working in adult health and social care currently presents huge challenges. Services are frequently fragmented and delivered by a range of separate agencies often working independently from each other. So I am supportive of the aim to tackle these issues and the integrated approach outlined.

These are long standing issues. As stated in the consultation in 4.2, 'Community Health Partnerships have taken the integration agenda as far as they can within the current legislative framework.' I agree with the stated objectives and understand these to be: to focus on prevention; more care and support in community settings; better joint working between NHS Boards and Local Authorities; and better joint working within the NHS Boards – although it is not clear to what extent acute services will be covered by the new arrangements and this needs clarification.

It is worth noting that since the publication of the consultation, the Scottish Government has published 'A Scotland for Children: a consultation on the Children and Young People Bill'. The intention of this is to improve services for children and young people and it takes a similar approach to well-being and a focus on outcomes, but importantly, it does not deal with budgets or organisational change. The proposals for the Adult Health and Social Care integration and for a Children and Young People Bill are being consulted on at the same time. Both will significantly affect children and young people and there is likely to be significant interaction between the two. Yet, this is not sufficiently taken into account in either document. I suggest that the two sets of proposals have to be assessed as to their potential impacts on children and young people and family services in the round to ensure better results and minimise any potential unintended consequences.

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?

Yes, but I suggest greater thought needs to be given to the long-term vision of the integration of services, which could potentially include children and families. There is a risk that the proposals could inadvertently endorse a divide between adult and children and family services, which is inconsistent with the aspiration of seamless service delivery across all age groups. If this was to be achieved, the changes required would be very significant in some areas, although not in others where they already have integrated approaches. I suggest the inclusion (or not), of children and family services requires further consideration and lead in time to ensure consistency across all Local Authority and Health Board areas. Otherwise we may end up with very inconsistent approaches in Scotland in respect of the integration of services for children and families.

Although the starting point for the proposals is around services for older people, they will impact not only on all adult services, but also on children and families. It is clear that the proposals could also have a very significant influence on families as the integration proposals will impact on the adults who are caring for children and young people. In many instances, adults who require Health and Social Care services are responsible for our most vulnerable children and young people. In essence, adult services are children's services when they are dealing with families. While the document helpfully acknowledges that the proposals could have potential implications for children and family social work services, it does not consider these in any detail.

In my view, the aim should be to improve well-being outcomes for all age groups. It is worth noting that 'well-being' is also specifically mentioned in the Children and Young People Bill proposals, along with a duty on public bodies to work together to design, plan and deliver jointly their services to focus on children and young people's wellbeing. Both the Adult Health and Social Care proposals and the Children and Young People Bill proposals will require consideration to be given to the delivery of all services through integration and improvement approaches. If they are not considered together, it could mean similar proposals being enacted differently for different age groups, without this necessarily being the intention. In some areas of Scotland it will be possible for them to be considered together because they have already developed joint integration approaches, however, in other areas this is not the case and it could prove difficult to do so.

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?

Yes, in so far as the proposals are framed. The logic for integration of all adult services, rather than just older people services has a wider application. In some areas, children

and family services are already integrated through local working arrangements between Health Boards and Social Work departments. There is an acknowledgement of this in Annex B, but in my view, it would have been helpful to have given much greater consideration as to the impact of the proposals on services for children and families. This is both in terms of the current proposals and how children and families could be included in future. In my view, if this was the direction of long term developments across Scotland, much greater attention and detail would have to be given to the proposals around governance and joint accountability. This is because of the very variable arrangements currently in place between Local Authorities and Health Boards. It would require account to be taken of the creation of potentially very large structures which would need to be accompanied by manageable arrangements for local planning and delivery.

There are other services, key to children and young people, which understandably are not part of the Adult Health and Social Care proposals. For instance, education is the most significant service in the lives of school aged children, but there has been no systematic consideration of how this will figure in any approach which encompasses integration across all age groups. It was simply not part of the consultation on the Adult Health and Social Care proposals, but this issue may have to be considered in future in terms of the integration of children and family services.

In areas where there is the development of separate services for children and families and adults, there is a twin challenge for children and families. Firstly, for families who will be accessing services from two separate bodies, one responsible for children and families and one responsible for adult services. Secondly, for young people in transition from children's services to adult services as young people develop into adults. There are many examples where children moving from children's services into adult services face difficulties. For instance children with disabilities, children with mental health issues and children leaving care. This is already a very problematic area and separate service developments are likely to perpetuate these difficulties.

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. 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?

Yes, if the performance frameworks genuinely simplify the reporting requirements and we can be sure that the most appropriate outcomes are identified and agreed. The focus on

outcomes as part of the development of Health and Social Care Partnerships mirrors the policy and practice drive within children family services. There is obvious synergy in the focus on outcomes for adults and children and families.

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, subject to the proviso outlined under Question 3.

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?

Yes, I agree with the overall direction of the proposals to create joint budgets with accompanying joint accountability for outcomes. I believe it is wise to avoid determining the structures which follow the joint budget arrangements. The variation in current joint working arrangements across Scotland means that different areas are in different states of readiness to consider integration on the scale suggested through the document, although some have the potential to go further and include children and family services.

Do you have any other comments regarding the consultation proposals?

I think it is inevitable that integrated budgets will lead to a requirement for adjustments made to structures. This may make a case for flexibility to be built into the rate of change with scope for incremental change dependent on local circumstances. This will be an especially important consideration, if it is decided at a local level, that children and family services are to be included in the overall change. However, I would be concerned if there was such a level of flexibility that it results in very different approaches to integration across Scotland for children and family services. For this reason, I would urge the proposals are considered alongside the Children and Young People Bill proposals. I intend to make the same point in respect of the consultation on the Children and Young People Bill proposals to be considered alongside the Adult Health and Social Care proposals.

Yours sincerely

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Scotland's Commissioner for Children and Young People

