

## Scottish Government's Consultation on the Integration of Health and Social Care

### Response from Association of Directors of Social Work (ADSW)

#### Introduction

ADSW is the professional association representing Chief Social Work Officers and senior social work managers in local authorities in Scotland. The Chief Social Work Officer is a statutory role within local authorities, with a duty to advise local government. This response provides advice from Chief Social Work Officers and other social work professionals to government on options to improve outcomes for adults who require care and support from social work and health services.

Our response is in 3 sections: this introductory section; some general points on the consultation; and specific answers to the questions posed.

ADSW is positive about the further integration of health and social care services having the potential to make a very significant difference to the people who rely on these services for support. In order to achieve success, however, there are some factors, which should be taken into account:

- There needs to be local flexibility beyond the two models described for the partnerships within the consultation proposals. Local areas will know best how to progress improvements in local people's outcomes within agreed parameters (Single Outcome Agreements), appropriate governance, accountability and financial arrangements. These partnerships should determine the local arrangements, which will deliver change most effectively.
- The principles of the Christie Commission on public sector reform should underpin our approach to integration. Reform should 'be shown to support the achievement of outcomes'; 'ensure that services are built around the needs of people and communities'; and 'encourage services to pursue preventative approaches, tackle inequality and promote equality'. This means that we should focus on outcomes, local delivery, leadership and front line staffing capacity, not structural reform.
- We need to take into consideration the research on what works. Evidence from successful partnerships (including most recently from Wiltshire and Leeds), shows a clear focus on outcomes and front line team development. The report commissioned by ADSW and prepared by Professor Alison Petch from IRISS states: 'the appropriate focus is on the dimensions that contribute to effective delivery across health and social care at the local level. These include culture, leadership and a focus on outcomes for individuals'.
- We aspire to improved outcomes and services for older people, and we need to recognise that the connections between services should be strengthened beyond these proposals for integration of older people's care. The connections between different elements of social work services: children, adults, criminal justice and older people's services are critical, as are those between housing, community safety, leisure, transport and third and independent sector provision. ADSW therefore supports a substantial shift in the focus of the proposed health and care partnership towards community planning arrangements. Single Outcome Agreements should be at the heart of these changes. The ambition to improve wider community health, wellbeing and care outcomes should be located within the context of community planning partnerships.
- The appointment of a Jointly Accountable Officer should be purely at the discretion of each individual partnership. They will need to decide if a Jointly Accountable Officer is necessary and then clarify and define that role in relation to the role of the Chief Social Work. We need to manage effectively the changes and associated risks arising from the structural changes, which will inevitably flow from the current set of proposals. The need to establish clear lines of accountability is supported by the Association. However, local partnerships' drive towards

improvement should be defined by local outcome agreements. Associated targets should leave scope for each partnership to determine whether or not they require a Jointly Accountable Officer and if so to also define the role and function of such a post.

- ADSW supports the intention to integrate budgets and would seek clarity regarding the establishment of these arrangements and the volume of resource to be included from the acute sector and other forms of institutional care. The Association believes that a wider review of the resourcing of health and care in the context of demographic demand is required, similar to the Dilnot review undertaken in England. Equally, there should be more focus on self-directed support and its impact on budgetary arrangements. Joint outcome based commissioning should continue to be a key driver towards outcomes focused change.
- The extent of direction to partnerships should be based on an in depth analysis of what issues have hampered effective joint working in the past. It would be helpful in this context if the Scottish Government could summarise its key findings from the research on negative and positive factors from the integration of health and care in other areas. Proposals for change should be based on the best evidence of what works in improving outcomes in health and care services.
- Given the lack of detail in this first consultation paper, it is of some concern that the intention appears to be to move straight to the drafting of legislation, without publishing an analysis of the responses and further proposals, amended in the light of the consultation. This would be helpful in providing assurance regarding the intention of the proposals.
- Self-directed support and co-production should be central drivers in the improvement of outcomes consequent to further integration of services.

### General points

The principles underlying the Government's plans to integrate health and social care services are well founded. Ensuring the best possible outcomes for older people is a goal shared and fully supported by ADSW, and the Association is committed to working with the Scottish Government and others to achieve it.

Local authorities and in particular social work services have a good track record of shifting the balance from institutional to community care. The desire to deliver the best outcomes for the people who use our services, coupled with increasing demand and downward financial pressure, requires transformational change.

ADSW welcomes the emphasis on an outcomes based approach, supported by integrating health and social work services, in accordance with the Christie Commission report on the reform of public services. The consultation document indicates that there will be a combination of prescription (enshrined in legislation) and flexibility in terms of local control. Ensuring the most effective balance of this combination will be one of the most important determinants of successful integration. Imposing a national solution to the wide variety of local issues, which require local responses, could distract from the drive towards improving outcomes in each locality. Equally, some of the misunderstanding in the current set of integration proposals, for example governance and accountability arrangements require amendment or further definition.

If improved outcomes are the desired end point, the test of the appropriateness of the arrangements should be whether outcomes for people have improved, not whether a partnership has complied with structural and other requirements set down in the current proposals as those believed to promote improvement.

The extent of direction to partnerships should be based on an in depth analysis of what issues have hampered and assisted effective joint working in the past. But, it is clear that the issue of resources is a major consideration. The intention to ensure that acute health resources are part of the total funding for the new partnerships is particularly welcome, as it is unrealistic to expect this type of system

change to be meaningful without these. In order to progress plans for integration fully, we do need more information on the proportion of the health budget to be included. Without this information, planning will be difficult.

ADSW wholeheartedly supports the principles of the further integration of health and social care services with the specific intention of improving outcomes and the removal of barriers to this, which currently exist. In furtherance of this, partnerships should not be diverted from this improvement drive into 're-organisation', which research evidence clearly shows does not improve outcomes.

We need to strengthen the links between other services as we seek to integrate services for older people further. Older people and others in our communities depend on these linked services, such as mental health, addictions and learning disability services. Families are complex entities with diverse needs. The improvement of outcomes will be significantly enhanced by more effective connection of key, interdependent services. The most complex families we support have needs which encompass children's services, criminal justice, addiction and services for the protection of both adults and children. Our services work closely with other related provision, such as education, housing and community safety. It is for this reason that the Association is promoting a strengthening of the link to Community Planning Partnerships and the Single Outcome Agreement in these proposals. It is the integrated nature of these services we must enhance, not dislocate or compromise as we seek to make improvements.

#### Detailed 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 integration of services should be achieved in an outcomes focused manner to ensure the most effective improvements are achieved. ADSW recognises that it is up to local partnerships to determine what should be included within the scope of further integration between health and social care. It is correct to begin with older people's services and that any legislation or related guidance should be permissive in terms of what partnerships would wish to include. In this context, the connection between different services (children's, adults, older people, criminal just and other community planning partners' contributions, such as housing and education) require to be strengthened. We suggest this could be enabled through a model of partnership focused on community planning and the Single Outcome Agreement.

**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?

- It would be helpful if the information regarding the acute sector contribution could be developed in more detail. The document proposes that all of the older people's care budget from councils and "some" acute spend from health boards should make up the pooled budget. The role of outcome based joint commissioning plans should be further strengthened in the proposals.
- An exploration of the dependencies between councils' and NHS older people's services and other services is necessary. There is no reference to adult protection services in the document, nor is there any analysis of the range of related, but separate statutory provision, such as those requiring Chief Social Work Officer involvement and how these will remain objective.
- Some of the fundamental legislative and organisational differences between social care and health are not explored – targeted versus universal provision; charging for services versus services, which are free at the point of delivery; differences in VAT arrangements, etc.
- It will also be important for integration and the associated reforms to be set in the context of the health and wellbeing of communities. This will allow the process of integration to involve all

services, on which people may rely, including housing, leisure and transport. This context in turn is why the Association believes that the focus of new integrated services arrangements should be based on community planning and single outcome agreements.

**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?

A performance monitoring framework, which sees equal partners focusing together on fully shared and jointly owned indicators will represent a major plank in the success of integration.

A significant barrier to delivering effective outcomes currently is the different reporting mechanisms, priorities and drivers, which determine the performance and behaviours of each organisation. Changing this will have a significant and positive impact.

Single Outcome Agreements and community planning arrangements are – and should continue to be – at the heart of local responses to local need. Barriers to the full effectiveness of community planning include the current disparate performance reporting lines and expectations.

If the focus is on delivering improved outcomes, we need to include the performance of all relevant services. These are not limited to health and social care, but extend to housing, employment, mental health, addiction, offender services, education, children’s services, etc.

Consideration will need to be given to the relative priorities of each partner organisation’s “other” priorities, i.e. those that do not directly, or only, relate to older people’s community-based services, e.g. Heat targets.

The Association is clear that the focus must be on 'true' outcomes rather than input or process measures, for example a measure of success should be that people are able to live at home with support independently rather than 'bed days lost'.

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

Nationally agreed targets should be included in all Single Outcome Agreements. In addition, there should be scope to include locally agreed, joint outcomes designed to address locally identified need. These should also be monitored via 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?

Further work is required to create governance arrangements, which are effective and accountable, and which reflect accurately the local democratic process. As published, the consultation document appears to make inaccurate assumptions about the accountability of local elected members and how this might be discharged under the proposals.

More detail on the relationship between community planning arrangements and Health and Social Care Partnerships would be helpful.

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

This should be a question for local determination. Agreement between partners on the services to be included in the integrated arrangements will be complicated by local choice, existing arrangements for “hosted” health services, and existing shared models across local authority boundaries and between partners.

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

As described, it seems that the proposals will not meet the expectations of local democratic accountability. The number of members making up the partnerships will need to be sufficient to allow effective representation from councils with coalition arrangements. The overall number will need to be proportionate to the size and scope of the service being provided.

The governance arrangements will need to ensure that the statutory role of advice-giving and decision making, encompassed in the Chief Social Work Officer role, continues to be effective. Health and social care services include some very complex statutory functions. Recognition and support of this has been enshrined in critical mental health, protection and offender management legislation, and it is important that this role continues to provide a voice for social justice and public protection, and manages the critical interface between the state and individual freedom. The importance of including and hearing the voice of service users and carers should be highlighted and formalised in partnership arrangements.

**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?

Detailed work is required to provide more clarity, particularly given the crowded landscape of inspection and regulation, and the number of bodies, which will continue to operate, but which may not be part of the integrated arrangements.

**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?

The services to be included should be determined locally. Consideration should be given to the funding and performance reporting arrangements for criminal justice services, which should also be embedded fully in local community planning.

**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 proposed models may not be the only, or even the best, way to deliver on our aspirations. As we have said earlier, local partnerships should be able to determine the best model to deliver improved outcomes in term of the local Single Outcome Agreement and community planning arrangements. Legislation and any associated guidance should therefore be permissive in allowing partnerships to define the best model for the locality.

There appears to be a gap emerging between the integration proposals and the legislation on self-directed support. The SDS legislation imposes a duty on local authorities regarding individual

budgets, but none on the NHS, and yet the proposals for integration require integrated budgets. Individual budgets identified through self-directed support should not only have a social work/social care source. The principles of SDS and the integration proposals are not aligned, and this could present a major impediment to people who need both health and social care support. This is an ideal opportunity to resolve this issue.

**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?

ADSW is happy to coordinate the collation of examples from across Scotland. The design and implementation of the integration proposals will be a good opportunity to ensure that these issues are addressed. An opportunity, which should not be missed.

**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?

This is a difficult question. Some prescription is required to ensure a meaningful opportunity to secure the changes required. However, prescription itself, if not targeted correctly, could have the opposite effect and stifle the opportunity for local partnerships to be creative in their use of joint funds.

**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 contribution of the acute sector is unclear and this is a major weakness of the consultation. It is the issue, which could make or break the success of this policy, and requires much more consideration, analysis and discussion.

A response from directors of finance from the NHS and local government is being submitted, which will address the technical issues here.

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

The size and proportion of the pooled resource will vary in each partnership and this will influence local consideration of staffing requirements. The decision to appoint a Jointly Accountable Officer and the role and function of that post, should it be established, must be entirely at the discretion of the local partnership.

The role of the Chief Social Work Officer and the range of statutory and professional governance responsibilities discharged by the role also require further consideration. The Association would be very happy to contribute to this discussion.

As stated previously the association believes that it should be at the discretion of each local partnership whether a jointly accountable officer is required and the role and function of such an officer if determined to be necessary. Chief Social Work Officers are already accountable for a range of functions and performance pertaining to older peoples and adult services.

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

National direction on locality planning seems somewhat counter-intuitive. Clarity regarding the principles and expected outcomes would offer national support to an activity, which clearly should be progressed locally.

This should be a matter for local determination through community planning partnerships.

**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 duty to consult extensively is an important one and its strengthening is welcome. However, the specific reference to GPs as only one of these professional groupings is not helpful in this context, particularly as there is no reference to service users and carers, who should be given more prominence.

**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 should help with this local drive and is essential to the success of the policy. Any approach should be simple and manageable and wherever possible build on existing arrangements. The development of co-production approaches working with local communities will also assist. There are many good, local examples of this working well in practice. The application of self directed support to health services would also be a very significant step in developing a truly integrated service, which is seamless from the perspective of service users and carers. It would also make a reality of joint commissioning, as SDS will have a major impact on the shape of the market and its development to meet long-term needs and expectations.

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

This should be a matter for local determination. It is likely that Health and Social Care Partnerships will choose natural communities around which to organise their locality planning; GP practices may or may not mirror natural communities and whether these then form the best basis on which to plan is unclear

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

This should be a matter for local determination, based on engagement and consultation.

**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?

Again, this should be a matter for local determination.

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