

## Annex G Consultation Questionnaire

### The case for change

**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  No

#### Comments

South Lanarkshire Council recognises the primary objective of improving outcomes for older people and that can be best achieved through good collaborative working which makes the best use of all the resources available.

Given the work that has been undertaken on the older people's agenda through Reshaping Care, it is sensible to build on that work to date. However, this is not the only activity that has shaped our approach to partnership which has focused on a clear vision to improve services. Government will need to consider the implications of splitting services along what is increasingly an arbitrary distinction based on age rather than one focussed on outcomes for service users. In line with the spirit of local flexibility which runs through the document, we need to find a solution that best suits local starting points.

The document effectively summarises the key points behind the Government's approach to integration. However, it is not clear that integrated health and social care arrangements will tackle some of the issues raised. Research commissioned by ADSW from IRISS on integration presents compelling evidence that structural change does not improve outcomes. The government is on record as stating it does not want the disruption of structural change, however, it is difficult to see how these proposals can be implemented without it.

South Lanarkshire Council recognises there are inconsistencies in performance and the experience of service users/patients across Scotland. Within existing resources and through the redesign of services the South Lanarkshire Partnership has embraced change and performs well. Through the opportunities presented by the 'Change Fund' our objectives of improving our integrated approach is accelerating. Successful partnerships should be supported and in our collaboration there is clear leadership and a mature

partnership able to achieve the outcomes expected.

The South Lanarkshire Partnership has already established effective communication, leadership and a vision for the future which can meet all of our expectations to improve outcomes for people who require services. This is complex however; there is a clear commitment to move forward with the 'Change Fund' as a catalyst for even greater integration and improvement.

A number of other issues will also need to be taken into account.

For example, the document refers to the 'disconnect' between acute hospital services and community/ primary care services. Although there is repeated mention that the budget for some acute services will be allocated to the HSCP, it is not clear how this will address the issues around communication between primary and secondary care. The role of general practitioners and hospital based clinicians are critical to success. As independent contractors there is no guarantee these measures would improve decision making. There seems to be an assumption that bringing services together by way of budget transfer will address more fundamental issues related to organisational cultures. There is little evidence to support this view.

Moreover, there is scope for a new set of disconnects to be created. While the document refers to the need to ensure complementarities between health and social care planning and local housing strategies, this does not reflect the inter-relationships across services for adults and for children. In South Lanarkshire, Social Work Resources provides services for children and families and social work services related to the justice and substance misuse. There are regular interactions across these service boundaries as children will be identified by social workers who are supporting adults, particularly with regard to mental health or substance misuse issues. Home care, while based in Adult and Older people services, also provides a service for children and families. These are all issues that should be taken account of when looking at the structural arrangements that will underpin the new partnership and make the proposed changes more complex than they may first appear.

## Outline of proposed reforms

**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  No

### Comments

The proposals, as outlined, are more prescriptive than anticipated following previous announcements from the Cabinet Secretary and do not reflect the lack of evidence that structural change can improve outcomes. It is therefore disappointing that partnerships have not been given time to make good use of the 'Change Fund' to address issues. Endorsement of the Partnership 'Change Plan' has been very helpful as has the political support to reduce hospital beds as a means of shifting the balance of care.

The proposals do not address the integration required within the health service, particularly between primary and acute services. Clinical decisions determine hospital admission. If these thresholds are right, there will be less pressure on the hospital beds and reduce delayed discharges.

The suggested role of the Jointly Accountable Officer leaves the postholder largely unaccountable and the proposals do not conform to local authority governance arrangements, such as standing orders and financial regulations. It is difficult to see how the service user/patients will understand the lines of accountability and responsibility. How will they be able to hold to account those responsible for failures in the delivery of services?

## National outcomes for adult health and social care

**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  No

#### Comments

Setting out an outcomes approach does not guarantee that this approach will prevail. The outcomes focus at the heart of the national framework should allow for local flexibility to continue to address local need, rather than being driven by short term targets. At present, although in theory we all work within a performance context that is outcomes focussed, in practice local government has more discretion over its local performance management than the NHS; and the NHS is bound within a target driven culture. From a local government perspective, we would want assurances that the prevailing culture within Health and Social Care Partnerships is not focussed on short term targets which often mean that managers lose sight of longer term outcomes for service users and patients. The outcomes framework should promote local flexibility and innovation and not become a straitjacket.

Any performance framework should also take into account the cost of service delivery and value for money. Partnerships have different starting positions and approaches to 'Best Value' which will require to be addressed. Later on in this response there is reference to the financial scale of a South Lanarkshire Health and Care Partnership and identifies concerns over the governance of these budgets.

It is our view that the need for the integration of social work services with education and housing is as important as the relationship with health. The 1968 Social Work Act has served Scotland well and there is a danger this integration agenda will lead to the fragmentation of other services delivered by the Council and partners, particularly in relation to child and adult protection

Furthermore, a single set of outcomes may not guarantee a consistent approach. The Community Care Outcomes Framework sets out an agreed framework to assess outcomes relating to health and social care issues. The review carried out in 2010/11 demonstrated that all 32 health and care partnerships across Scotland were reporting on at least some of the 16 outcomes in the framework. However, the review also showed that there were significant differences in interpretation and therefore reporting on a number of these outcomes, particularly the more qualitative or experiential outcomes. Even quantitative outcomes that were also part of the HEAT framework were open to local interpretation. Therefore, despite a national framework which was being used widely, there was local

variation, making comparison across partnerships difficult. Furthermore, it is fair to say that partnerships were at very different stages in terms of recording, monitoring and reporting on outcomes for service users. Most partnerships relied on a set of output measures to infer outcomes for service users rather than being able to demonstrate real benefits for individuals. We need to be very clear how local flexibility will be reconciled with demands for a degree of consistency in reporting across the country.

**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  No

Comments

The SOA is strategic in its intention and further discussion is required on agreeing the relationship between the adult health and older people outcomes.

### **Governance and joint accountability**

**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?

Yes  No

Comments

The proposals attempt to create a direct line into local government arrangements through the Council Leader. However, the proposals as currently set out, do not take due cognisance of the critical relationship between the Council Leader and the full Council. Furthermore, the consultation document does not recognise that the Chief Executive is responsible to the full Council and not only the Council Leader.

We also echo concerns voiced by COSLA that current proposals do not allow for sufficient involvement of local members in the HSCP committee.

The following are issues requiring further discussion and information:-

- Will the public understand who is accountable for the service?
- Proposals seem to demonstrate the ‘health ethos’ and do not take any account of finance as a major factor in decision making
- There appears to be an apparent lack of awareness of finance and governance issues
- Who will provide the internal audit function?
- What will be the reporting lines to the Partnership Committee?
- Who will be responsible for the implementation of recommendations?
- There is no mention of statutory responsibilities to be placed upon Section 95 “Officers and Local Authorities”
- The role of the Chief Social Work Officer also requires further consideration and discussion

The Council would support COSLA’s view that any governance arrangements should be to the full Council and Health Board, rather than individuals. This would ensure the collective responsibility and involvement of a broader range of elected members.

The Council believes there should be local determination in agreeing suitable arrangements for the delivery of services which reflect the needs and priorities of the area. This can be achieved through partnerships rather than prescription by government.

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

Yes  No

## Comments

Local areas should be allowed the flexibility to find solutions that suit their own particular circumstances and this is one of the options that they will be able to consider.

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

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Yes  No

## Comments

As stated in our answer to question 5, we are not clear that the proposals in the consultation document will result in sufficiently robust governance arrangements for health and social care partnerships. In addition to issues relating to corporate governance, due regard will need to be given to clinical and professional governance. In particular to the statutory requirements set out for the Chief Social Work Officer and Section 95 Finance Officer in local authorities need to be addressed, as stated previously. This would bring into question the role of a Jointly Accountable Officer.

At present social work services are governed through a Committee. The new proposals would see three elected members oversee potentially £127 m of Council spend. This shift in local accountability by elected members requires further consideration

As stated at Question 5, the Council supports local agreement as the preferred approach and not a structure of governance determined by the availability of non-executive directors of Health Boards.

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**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?

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Yes  No

Comments

Currently social work services are regulated through the activity of the Care Inspectorate, the Mental Welfare Commission and the Scottish Social Services Council. These services are also the subject of scrutiny through the Local Area Networks (LAN) as part of the governance arrangements in Scotland. The Council monitors progress through Council and Resource plans. Questions remain over the integration of health and social care inspectorates in the longer term to ensure consistency of approach and unified timetables for inspection.

The dashboard framework introduced as part of the ‘Reshaping Care for Older People agenda; our contribution to HEAT targets and the Single Outcome Agreement, all contribute to performance monitoring. Within this context and powers already in place by government, reduces the need for more prescriptive targets.

At present there is no provision for comparisons on costs for different types of service or their effectiveness from a financial point of view. The work undertaken through the Integrated Resource Framework (IRF) could help inform these discussions.

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**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?

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Yes  No

Comments

This should be within the scope of local partnerships depending on their own local priorities.

### **Integrated budgets and resourcing**

**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  No

#### Comments

Regardless of which model is chosen, the critical issue is how different professional cultures come together and the way in which working arrangements recognise different types of professional integrity. The role of general practitioners and other medical staff is particularly important given their role in decision making for hospital referrals and admissions. The culture and values underpinning social work are different to those espoused by professional groups operating within the NHS. Bringing these together offers an opportunity for these groups to create a richer and more rounded approach to care and support. However, this will require excellent leadership and a robust approach to change management. It will be possible to build on existing relationships.

More explicit recognition also needs to be given to those areas of work with statutory underpinnings. This is not sufficiently explored in the document. It will have a bearing on some budget lines which may need to be protected under new arrangements, ie statutory work. It is not clear how monitoring of statutory work will feature within the proposed performance framework which will accompany the creation of HSCPs.

It will be important for Government to ensure in this process that policy objectives are not contradictory. For example, Self Directed Support places a duty on Councils to identify individual budgets to use for their support plans. This does not apply to NHS budgets.

Most health spend for adults is in acute services. Moving this spend to the community will be a challenge. It will be important there is clarity and what is expected to be released from acute spend to rebalance care. The plan we currently have builds on good practice and will support a bed reduction programme. Good integrated working has always underpinned our approach, but it is not necessarily a structural issue.

We understand that work is beginning on organisational development/ training and workforce planning issues. This will be critical in delivering the best outcomes for service users or patients. Our partnership can use this to build on our existing arrangements.

**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  No

Comments

One example of good practice is that in 2004 South Lanarkshire Council set up a multi-disciplinary Drug Testing and Treatment Order team. This was in response to a growing number of persistent offenders who committed crime to fund their drug habits. Funding was received from Scottish Government and comes to the Council to manage on behalf of the partnership.

The South Lanarkshire Partnership model has been recognised as being an example of good practice. In 2008 it won both a COSLA award and a Care Accolade Award for partnership and innovation. The team brings together staff from Social work and the NHS who provide professional medical personnel to work together with offenders to promote a holistic approach to treatment and recovery. Over the years retention rates on the programme have remained high at 80-90%. This is far higher than other parts of Scotland where similar teams have been set up.

**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?

Yes  No

Comments

Levels of investment should be negotiated locally taking account of local needs and priorities. The key issue is not so much which resources are transferred, as how these resources will be used. Directing categories of spend needs to be seen in the context of performance management arrangements, statutory requirements and professional codes of conduct.

**Jointly Accountable Officer**

**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?

Yes  No

Comments

The shift in the balance of care will depend on more than just an integrated budget across health and social care. A genuine and lasting shift in the balance of care will depend on local admission practices, including the role of GPs in directing people to hospital rather than considering community based options and a shift in culture in the acute sector. While there will be some budgetary shift from the acute sector to the HSCP, this may not address the fundamental issues about culture and practice which are required to change the way in which care is provided. Financial models must be seen as one part of a wider programme of cultural change and changes in practice that need to happen to shift the balance of care.

Considerable financial resources in the proposed arrangement will have less democratic scrutiny that currently exists for social work budgets. If the focus remains the use of hospital beds rather than an agreed set of improved outcomes, the objectives may be undermined as money drifts to more institutional care.

The proposals do not recognise that Section 95 Finance Officer in local authorities have a statutory responsibility for the financial management of a Council. The Joint Accountable Officer cannot therefore report to the Chief Executive. If partnerships were given the authority to determine their own delivery arrangements this would avoid negotiations to discuss some of the more difficult issues regarding the use of budgets. The ring-fencing of budgets would reduce the ability of both agencies to achieve the efficiencies required for public services in the coming years. These budgets would be excluded from the prioritisation of spend required by both agencies when faced with reduced resources.

The response to question 5 highlights the need for clarity on the role of the Section 95 Officer in local government; the Chief Social Work Officer; the Chief Executive. The governance role of the Council Leader and the relationship of this role to the full Council has already been highlighted.

Any direction on this minimum category of spend will only be meaningful if the budgets for the categories fully meet the full costs to meet the needs of services delegated to the new body.

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

Yes  No

Comments

The Council is not convinced of the argument for such a role as evidenced. Local partnerships should determine the nature of any post required; the responsibilities and how it should be established to deliver the improvements we all support. This ability to define the role would ensure arrangements meet local needs to deliver national priorities.

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**Professionally led locality planning and commissioning of services**

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

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Yes  No

Comments

This should be left to local determination.

**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?

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Yes  No

Comments

The Partnership in South Lanarkshire has well established mechanisms for involving local professionals in discussions on planning and provision of services. GPs and AHPs are represented on the Operating Management Committee of the current CHP, and we have no reason to suppose that this will change as we move to HSCPs. We are confident that South Lanarkshire arrangements meet local requirements and do not feel that any further duty is needed.

Legislation introducing new duties will not in itself build on what is already established. It is the responsibility of local partnerships to ensure these arrangements are effective for all

of the 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?

Comments

The arrangements to enable the involvement of clinicians and social care professionals to be involved should be determined locally.

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

Yes  No

Comments

We do not feel that this proposal would be suitable in South Lanarkshire. Each partnership area will be best placed to determine the optimal way of organising locality planning, which therefore should be left to local discretion.

South Lanarkshire is organised into four localities, which group around natural townships and communities. Over the years we have worked with colleagues in the NHS to ensure that there is a good match between localities in the Council and NHS; this was the case for LHCCs and for CHPs and we will continue this with the introduction of HSCPs.

Our localities are set up to allow ease of working with integrated children's services, housing management areas and locality arrangements for the voluntary sector. Changing the boundaries of health and social care boundaries would have implications for the way in which we work with other partners within the Council area and shift the focus from recognised communities and the needs of individuals.

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

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Comments

This should be agreed locally depending on the arrangements put in place to support planning, commissioning and the delivery of agreed outcomes.

**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?

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Yes  No

Comments

The size and make up of localities should not be dictated by Scottish Government but agreed to suit local needs. There is nothing to suggest that a locality based on a population of 15-20,000 will be more effective than localities of other sizes. In determining optimal locality size, local areas will need to take into account their own particular geographies, deprivation profiles, demographic structure and the quality of relationships among partners.

**Do you have any further comments regarding the consultation proposals?**

Comments

The main question for the consultation proposals is whether they will meet the policy objectives and, in our opinion, this is open to question. In addition, the proposals need to say more about the current as well as the new management arrangements, funding and objectives. The Council is committed to improve outcomes for service users and we anticipate greater integration in the years ahead.

There are issues outstanding with regard to the relationship with the Chief Social Work Officer, the Section 95 Finance Officer and Chief Executives in local authorities. Equally this applies to the role of the Council Leader and the full Council in its governance role.

The recommendation of South Lanarkshire Council is that government continues to support and hold partnerships accountable. This can be achieved without structural change and is consistent with the Government's original intentions. This Council is committed with partners to meet the expected outcomes with the resources available and would suggest this is best achieved through local agreements.

**Do you have any comments regarding the partial EQIA? (see Annex D)**

Comments

No comments

**Do you have any comments regarding the partial BRIA? (see Annex E)**

Comments

No comments