

1. INTEGRATION OF HEALTH AND SOCIAL CARE NHS BOARD CHIEF EXECUTIVES' GROUP RESPONSE

1.1 Board Chief Executives have held a number of discussions about the integration of health and social care and this short paper represents a collective response to the consultation.

1.2 We endorse the vision and the case for change articulated in the consultation paper. The separation of health and social care creates major issues in quality of care, efficiency and effectiveness. In the present arrangements patients do not always receive the health and social care they need in the right place and at the right time. To achieve the shifts in the balance of care and to early intervention, whole system change is required.

1.3 We have reached the following conclusions on the issues raised by the consultation:-

- **Coverage:** It is essential that the minimum immediate coverage of the new partnerships remains as stated as adult social care. There is extensive (if not universal) joint service delivery across Scotland of mental health, addictions and learning disability services which would be undermined if these social care services are not included. For children's services and criminal justice social work there are clear risks of fragmentation and excess costs of parallel management if these are not included and criminal justice social work is an adult service. Boards where there are already integrated CHCPs covering these services have seen real benefits. NHS children's services are a core part of all CHPs and their relationship with primary care and would require parallel management structures at additional cost if not included. If these services are not directed to be included from the start then there must be a clear timetable and road map for further integration as a minimum there should be the potential to include all social care from the outset if local partners agree.
- **Joint Officer:** It is essential that the joint officer heading up the partnership is accountable to the Board and Local Authority Chief Executives.
- **Outcomes:** The outcomes focus and proposed outcomes are of value but the high level outcomes need more detailed definition and to incorporate clear metrics. There should be a headline outcome to improve financial efficiency and cost effectiveness.
- **Governance:** There remain complex governance issues which need to be worked through.
- **Acute services:** We have a consensus that it is critical that the new partnerships have responsibility for the use of acute care by their population in order to achieve the strategic purpose which underpins their establishment. There are different views on how that should be achieved. The same logic applies to wider use of hospital services including mental health, learning disability and continuing care. For Boards not coterminous with a single Council the option of partnerships directly managing acute services is not viable. Even where there is single coterminosity the need to ensure that acute care is coherently managed as an integrated group of services may militate against this approach. There are significant service risks if the approach on this issue is not carefully considered and options for the relationship between the partnerships and acute services need to be carefully worked through before direction on this is established.
- **Workforce:** a number of challenging issues need to be resolved including the appointment arrangements for management teams, the model of staff governance and how to arrive at single human resources policies.
- **Financial issues:** Finance Directors have identified a number of technical financial issues which need to be worked through. There are also issues of principle which

need to be resolved including the potential unintended consequences of NHS and Council funding losing identity, how efficiency savings and inflation will apply to the partnership resources and how will responsibility for material overspends be managed between the NHS and each Council partner. It is essential that there is a transparent and thorough processes to set baseline budgets which reflect real current costs and spending.

- **Locality planning:** We agree that professional, public and third sector engagement is essential but arrangements to achieve effective locality working should be locally determined.
- **Variation:** Variation between NHS services in different areas is limited but is significant between different Local Authorities. If there is not tolerance of variation going forward there are major cost issues in levelling up.

1.4 In conclusion, the integration of health and social care presents a major opportunity to improve the quality and efficiency of services to users and carers across Scotland. These proposals will enable us to deliver more effective and efficient care. However, it remains the case that there will remain major service pressures for health and social care of an ageing population in terms of increased demand and financial cost.

12th September 2012