

Integration and Service Development Division
Scottish Government
2FR St Andrews House
Edinburgh
EH1 3DG

12th September 2012

Integration of Adult Health & Social Care in Scotland Consultation

Please find attached a response to the above consultation from The Royal College of Paediatrics & Child Health Scotland. We do appreciate your agreement to accept our slightly late submission. We would have two principal comments in regard to services for children:

Firstly, considerable progress has been made through Scottish Government initiatives such as "*Getting it right for every child*" in promoting and securing multi-agency working centred around the needs of the child - effectively integrated care already. This is particularly the case in the areas of child protection and the assessment and care of children with a wide range of disabilities. We would however acknowledge the pressing need to develop services for seamless transition to adult services but do have some concerns that wider reforms might risk unravelling that close inter-agency working that has now developed over many years. We wonder therefore whether there may be merit in considering, at least as an option, whether the proposals might apply solely to those over 16 years. This would allow the work already done in children's services to remain without risk of unravelling but also allow the important issues of transition to be addressed for young people through the proposed model.

Secondly, the last 15 years has seen huge developments in the networking of children's specialist health services across traditional Health Board boundaries. A large number of national clinical and regional clinical networks now exist that ensure that good quality care in highly specialist paediatric services can be delivered equitably across Scotland. It is not clear how such cross-boundary networks could function in a model that is based upon discrete geographical areas.

We hope these comments are of help.

Kind regards



Royal College of
**Paediatrics and
Child Health**

Dr Peter Fowlie, RCPCH Officer for Scotland

Registered Charity
in England and Wales: 1057744
Registered Charity in Scotland:
SC038299

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

It is reassuring that the document repeatedly addresses the possible impact on children and adolescent if the provision of social care is to change. The change is primarily driven by an increasingly older population requiring more complex integrated health and social care.

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

There are potential advantages in this concept for children, adolescents and young adults.

A more integrated service would potentially improve access to services particularly at point of transition from paediatric to adult services. If there is an integrated community social/health team there is the possibility that not all care and health workers would suddenly change at the point of reaching adulthood. This is usually the case at present. On leaving school currently there are often less facilities available to have an on-going meaningful education/work and again this may improve. There is a potential for a more seamless transition.

There are however risks for the paediatric, adolescent and young adult population especially those with complex needs, chronic illness and social care needs. Some of these are mentioned and recognised in the document.

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

No comment

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

No comment

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

No comment

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

Yes No

It seems difficult enough to establish Community Health Partnerships/ Health and Social Care Partnerships within one Local Authority and it is difficult to see how this would work across more than one Local Authority

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

Yes No

No comment

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?

Yes No

No comment

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?

Yes x No

If both agencies desire to do so – yes.

The integration of budgets and delegation of services with the overwhelming needs of the older population may mean that services for younger people and children are overlooked and/or reduced. The often considerable burden on carers may increase. Care for children whether social or health care is currently free and if budget allocation will look at means testing this may mean considerable costs for some families where one of the parents/carers may already not be able to work to look after their child. Unlike adult care the majority of health care for children and adolescents with chronic/complex conditions is currently delivered through secondary care by multidisciplinary hospital and community paediatric teams. There is often a combination of in and outpatient therapy required and it is essential that these services are not compromised. There are already excellent models of care between education, social care and health care for this population. These multidisciplinary teams could also be used as a model for more integrated care in adults.

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 x

Conflicts will still arise between health and social care and the proportion of what input is needed from either agency which I think will not be diminished by a single budget.

Child protection services may also be affected if the service delivery is to change. Again this is usually already delivered by a joint multidisciplinary team between health and social care and has greatly improved over the last few years. It would be very disappointing if this standard of care would be

adversely affected by changing budgets and service delivery.

In summary changing the concept of care to more integrated care throughout life may mean a more seamless transition to adult life but there is a real danger that current paediatric and social services, which are already integrated may suffer due to financial pressures caring for an increasingly elderly population.

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

No Comment

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

It may

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

Not sure

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

Yes No

Comments

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?

Yes No

Local determination is required to account for differing local needs, demography etc.

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?

Yes No

Comments

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?

Time and backfill for professionals involved needs to be allocated to enable the work to be done properly

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

No Comment

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

No comment

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?

Yes No

Sounds about right

Do you have any further comments regarding the consultation proposals?

Comments

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

Comments

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

Comments