Integration of Adult Health and Social Care comments from NHS Lothian to Child Health Commissioners Group

General

NHS Lothian is very supportive of the proposals as set out in the consultation document however it is not feasible to only consider Older People and other adult services in isolation.

The creation of the new Adult Health and Social Care Partnerships will require dissolution of the existing CHCP / CHPs. In Lothian. Health Visiting and mainstream School Nursing services are currently managed within these legal entities of NHSL Board so planning and creation of the new proposed type of partnerships will require full parallel consideration on the future management arrangements for public health nursing services and should also prompt full reconsideration of all community health services for children and young people. It should be noted that all other community child health services in Lothian including CAMHS are currently managed within the acute hospital division of NHS Lothian. In Lothian there is a vision and desire to have further integration of community children's services in the four partnership areas and also to strengthen links with Primary Care.

There is no intention to review Maternity Services management arrangements at this time and NHSL continues to support a fully integrated maternity service. However it is recognised that community midwifery staff are key to reducing antenatal inequalities and improving maternal and child health outcomes and would be part of the integration model.

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NHSL and our Statutory partners have agreement in principle that there will be a whole system approach i.e. children, adult and older peoples services all being in scope with a recognition that there may be some local variation and that specialist community children's services must not be fragmented. As NHSL are currently consulting on their Children and Young People's Strategy there is an opportunity to involve partners and services users in more detailed discussion re future integration of children and young people's services.

Consultation Text	NHS Lothian comments
Transition	
1.3. These disconnects make it difficult to address people's needs holistically, and to ensure that resources follow patients', service users' and carers' needs. Problems often arise in providing for the needs of people who access many services over prolonged periods, such as people with long term conditions, older people, and people with complex needs. Problems are also encountered at transition points, particularly as children with complex needs reach adulthood.	The importance of integration across children and adult services is very important. Many children with Long Term Conditions are living well into adulthood. Every child will have parents or carers and the interdependencies are obvious especially for vulnerable children living with parents who may have disability, mental health issues and or substance misuse issues. Involving the public, family members and carers in proposals to reconfigure / design or manage services will be done internally through NHS Lothian and with council partners and third sector colleagues.
1.12. Given these pressures, it might seem appropriate to focus our proposals for integration of health and social care on older people exclusively. However, we recognise a number of arguments against limiting our plans for integration in this way. Conditions associated with old age and frailty are often experienced much earlier than 65, particularly but not exclusively in areas with high levels of deprivation. People with disabilities also have requirements for care across all age	We need a clear and robust process for agreeing a Lothian wide level of what services are in scope and which are not. There will need to be a clear set of rationale. At the same time the process will have to provide reassurance that dependencies and interdependencies have been looked at i.e. if we take one service out of scope and leave others in will there be a negative effect on the ability to deliver services. In taking this approach we need to ensure that the new entities are

groups. A focus on older people alone would create an artificial divide within adult services, with people at transition from children's services, and with younger adults with physical and learning difficulties.	firmly integrated around individuals, carers and families; that they are characterised by strong and consistent clinical care professional leadership; accountability is clear and effective and that services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve.

Consultation Text	**NHS Lothian comments**
Other Community Health Partnership functions 4.21. Community Health Partnerships currently have responsibility for services that sit outwith the scope of these proposals; for example, they are also responsible for the delivery of children's community health services. It is important that we consider the implications for governance arrangements of "other" services as well as for adult health and social care.	In NHS Lothian Health Visiting and School Nursing are the only Children's Community Health Services managed within the CHPs all other services including CAMHS are managed within the Lothian University Hospitals Division. The creation of the new Health and Social Care Partnerships will demand a review of how and where children's community health services are managed with clear professional lines of professional leadership and accountability.
Options for integrating budgets 5.13. We have described two options via which Health Boards and Local Authorities could integrate budgets. Under these proposals, local partnerships will be free to choose which approach they took to integrating budgets. Under each option,	As stated legislation is already in place**. In NHSL there is no desire to replicate the Highland Management Model but there is an appetite for Joint Accountable Officer or Officers as currently in place for West Lothian Adult and**

a Partnership Agreement will establish the nature and scope of the Partnership. Staff could move between employers to support a shift in functions, if there were local agreement to such a change. a) Delegation to the Health and Social Care Partnership, established as a body corporate The Health Board and the Local Authority could delegate agreed functions to the Health and Social Care Partnership, which would be established as a body corporate of the Health Board and Local Authority. The Health Board and Local Authority would agree the amount of resources to be committed by each to the integrated budget for delivery of services to support the functions delegated to the Partnership. The integrated budget would be managed on behalf of the Partnership by the Jointly Accountable Officer, whose authority and accountability in relation to delivery of the Partnership's delegated functions would be determined by his or her statutory functions. The integrated budget would consist of the respective contributions from each partner organisation, each managed by the Jointly Accountable Officer and subject to the respective financial governance arrangements of each partner. A Partnership Agreement would establish the terms of the arrangement between the Health Board and the Local Authority, and would establish the facility that the partners	**Children and Family services managed with the CHCP.** The Joint Director reports to the CE of both WL Council and NHSL. A similar arrangement is in place for Edinburgh but only for Adult Services. NHSL will work in partnership with the four Lothian Local Authorities and Staff Partnership and Trade Unions to explore a range of options including the creation of new Children & Young People Partnerships with aligned / integrated budgets reporting through a Joint Accountable Director.

would transfer resource between the two budgets at the discretion of the Jointly Accountable Officer. Each delegating partner would retain their legislative responsibility for the functions that had been delegated to the Health and Social Care Partnership. The governance Committee referred to in Chapter 4 would form the Board of the Partnership. Employment arrangements for the Jointly Accountable Officer are considered in b) Delegation between partners One partner can under current legislation delegate some of its functions, and a corresponding amount of its resources, to the other, which then hosts the services and integrated budget on behalf of the Health and Social Care Partnership. The financial governance system of the host partner applies to the integrated budget. A Partnership Agreement between the Health Board and the Local Authority establishes the functions and resources to be delegated between the partners.	

	There are already some examples in Lothian where this is happening for small budgets and small jointly managed services. It would be worth going back and re-examining the Joint Future Extended Local Partnership Agreements. West Lothian Council and NHSL have a Partnership Agreement to support the CHCP arrangements and a Joint Board of Governance..

consultation Text	**NHS Lothian comments**
B.3. At present many adult, children and family-based social	The Change Fund has shown the ability for the Partnerships

services are delivered through a single social work service, although there is a varied pattern of provision across the country, depending on local circumstances and need. Social work services also work in collaboration with education, health, the third and independent sectors, and the police, to offer support and services to vulnerable children and families. In designing New approaches for adult services, it is important to ensure that services for all of those who need them, regardless of age, also continue to improve – with skilled staff and leaders, with appropriate resources, with strong local relationships and without creating new barriers to effective delivery.	to work collaboratively to achieve agreed outcomes on a shared values and principles basis. This is a good basis for the integration agenda. Indeed work done locally through each Partnership's Change Fund Programme Board has evidenced that we can work more widely than simply between health and social carer. By that we mean the positive inclusion of the third and private sectors in the process for agreeing prioritisation and investment. There are many positive examples that apply to our work on children's services and more recently in developing the Early years Change Fund proposals is a good example of partnership working that we can build on as we look at what aspects of children's services may be in scope as we progress the integration agenda.

B.6. Key issues that have been raised include: a) Implications arising from integration of adult health and social care for social work and social care services for other categories of users, including issues of user impact, location, accountability, organisational development, performance management and regulation, and workforce practice and development. b) Issues at the operational level, including any impact on child, adult and public protection, transitions from children's to adult services, the role of Mental Health Officers, the interface with	The role of Strategic Planning and Community Planning n supporting the new partnerships and the need for cross matrix working will be essential. Robust Professional Leadership and Governance

Criminal Justice and Family Support, and the interface between addiction services and alcohol and drug mis-using parents. c) Cross-cutting services with a role across adult and children services such as carer support, welfare rights, and advice and information, where the approach needs to emphasise avoiding duplication, wasted resources or a reduced level of service being provided to some people, from that which they currently receive. d) Issues of professional leadership and professional support for both social work and care professionals across these service areas.	arrangements will be required. NHS Boards will not abdicate responsibility and there will continue to be Executive Directors of the NHS Boards with executive responsibility for a range of functions including Public Protection, Health Protection etc. Again the Community Planning mechanism will seek to maximise cross matrix planning and performance monitoring to ensure duplication avoidance.

D.7. These disconnects make it difficult to address people's needs holistically and to ensure that resources follow patients' and service users' needs. Problems often arise in providing for the needs of people who access many services over prolonged periods, such as people with long term conditions, older people, and people with complex needs.	The need for cross cutting work in relation to transition will require to be strengthened including relationships with GPs who do not always get involved in the management of children with Long Term Conditions or with those with complex and exceptional healthcare needs. Engagement with GPs is essential if we are to shift the balance of care for children and young people from acute focussed to community focussed.

Problems are also encountered at transition points, particularly as children with complex needs reach adulthood.	

D.17 – **see appendix 1**	

Pg 59 Annex E and **Purpose and intended effect** **Background** There is a great deal to be proud of in terms of health and social care provision in Scotland. However, we recognise that we should go further to ensure consistently good outcomes for patients, service users, carers and families. Separate, and sometimes disjointed, systems of health and social care will no longer adequately meet the needs and expectations of increasing numbers of people, particularly those living into older age, often with multiple, complex, long-term conditions, who need joined up, integrated support. There has been significant progress in improving pathways of care in recent years. Nevertheless, many clinicians, care professionals and managers in health and social care currently describe two key disconnects in our system	All the same rationale and requirement apply to Children and Family Services. The disconnect between Primary Medical Services and acute children's services is echoed by most of the national MCNs and more recently has cane through in discussion with MSN for Children and Young People's Cancer. The need for GPs to be more involved and participative.

of health and social care. The first disconnect is found within the NHS, between primary care (GPs, community nurses, allied health professionals etc.) and secondary care (hospitals). The second disconnect is between health and social care. These disconnects make it difficult to address people's needs holistically and to ensure that resources follow patients' and service users' needs. Problems often arise in providing for the needs of people who access many services over prolonged periods, such as people with long term conditions, older people, and people with complex needs. Problems are also encountered at transition points, particularly as children with complex needs reach adulthood. From the perspective of people who use the system – patients, service users, carers and families – the problems the Scottish Government are seeking to address can be summarised as follows: - There is inconsistency in the quality of care for adults and older people across Scotland; - People are too often unnecessarily delayed in hospital when they are clinically ready for discharge; - The services required to enable people to stay safely at home are not always available quickly enough, which can lead to preventable and undesirable admissions to hospital.	

Demographic change makes the case for change urgent. The Registrar General has projected that the number of people in Scotland aged over 75 will grow by around 10,000 every year over the decade ahead and that around one quarter of Scotland's population will be aged 65 and over by 2033. The changes in demography will vary in scale depending on location, with predictions suggesting that rural areas will be affected to a greater degree than urban areas. We know that: - Even allowing for the possibility that people may live longer and in better health in the future, and taking into account our current emphasis on improving anticipatory and preventative care, Scotland will in future experience a material increase in the number of older people who need care. Therefore, the resources required to provide support will rise in the years ahead; - There is little association between the amount spent currently on health and social care services and the outcomes that are achieved i.e. spending more does not necessarily result in better outcomes; - We spend almost one third of our total spend on older people's services annually on unplanned admissions to hospital; and - We spend more annually on unplanned admissions for older people than we do on social care for the same group of people.	

Our current system of health and social care incorporates within it barriers in terms of structures, professional territories, governance arrangements and financial management that not only often have no helpful bearing on the needs of the large, growing group of older service users, but in many cases work against general aspirations of efficiency and clinical/care quality. We need to reform the system to deliver care that is better joined up and as a consequence delivers better outcomes for patients, service users and carers.	

Pg 61 These proposals for integration of adult health and social care services bring with them implications for a number of other functions, including mental health, adult protection, children and families social work services and criminal justice social work. Work is underway to ensure that the implications for other areas of service are understood and planned for. An important aspect of this programme of reform will also be ensuring that, as well as bringing primary and secondary health, and health and social care, closer together, partners fully include housing and	All the same rationale and requirement apply to Children and Family Services

other appropriate areas of services in the integrated approach.	

Pg 62 We will be setting out in legislation our requirements for integration. These should be applied as a minimum to adult health and social care services. However, Partnerships will be free to integrate additional services, for	Why is the children's services optional? ***"Partnerships will be free to integrate additional services, for*** ***example, children's services, if they wish If they wish"***

example, children's services, if they wish. As such this will have implications for all policies linked to these services. UK Policies: Health and social care provision are fully devolved matters, therefore the integration of adult health and social care policy and legislation should not impact on any UK policy. EU Policies: The proposals for legislation in the consultation document and the broaderintegration policy will not have any EU or international implications.	If all parts of Scotland do different things where will that leave us? Should there not be something explicit in the Children's Bill?

Pg 70 footnote to table on **Local Authority Expenditure on Adult Social Care*, 2009-10, £ thousands** Note: * Social work (excluding children, asylum seekers and refugees and criminal justice services) Net Revenue Expenditure with ring-fenced revenue grants added back. Source: Local Financial Returns, LFR 3	Same exercise required for Children & Young People's Services

Appendix 1

Population Groups	Potential differential impacts of the policy
Older people, people in the middle years, young people and children	The consultation notes that the proposed legislation will enable Health Boards and Local Authorities to integrate planning and service provision arrangements for all areas of adult health and social care. It goes on to state that the initial focus, after legislation is enacted, will in terms of delivering outcome measures, will have a differential impact for older people because older people are high users of the health and social care system. This approach may carry a risk that other groups are overlooked, at least at first. If there is a shift in the balance of care to community care, there is likely to be an increase in the amount of health and social care services provided in the community. The point was raised that this could result in an increase in the number of individuals over 65 paying for social care support services. See also comments on Ageing population in rural areas below.
Women, men and	It is anticipated that women will be more significantly affected by this policy than men in a number of ways. Women tend to

transgender people (includes issues relating to pregnancy and maternity)	work in social care roles more than men; proportionately there tends to be more female carers (see carers section below for carer specific comments); and women are more likely to live longer and outlive male partners so they are more likely to access services in later life. Research suggests that female patients are more positive about community services, however, less positive about acute, therefore there is a positive impact on women's levels of service satisfaction.

Disabled people (includes physical disability, learning disability, sensory impairment, long-term medical conditions, mental health problems)	If there is a shift in the balance of care to health and social care partnership services provided in the community, there is likely to be an increase in the level and range of social care services commissioned. This could lead to an increase in the number of payments made on behalf of and by people who access chargeable social care services. This could negatively impact on disabled people, because they may be liable for more charges.

Minority ethnic people (includes Gypsy/Travellers, non- English speakers)	Access to language support services: will integration dilute the resources available, or make better use of existing resources? Could this lead to duplication? What are the levels of health and social care service uptake from minority ethnic communities? Current evidence indicates the numbers of minority ethnic people accessing services is low. Need to bring together workforce development on understanding of cultural outcomes.

Refugees and asylum seekers	A point was raised about accessibility: one point of access therefore individuals should find it easier to access services. There is an ongoing need for staff to have a cultural understanding of outcomes for individuals.

People with different religions or beliefs (includes people with no religion or belief)	See minority ethnic impact in terms of staff capacity and capability.

Lesbian, gay, bisexual and heterosexual people	No impacts identified.

People who are unmarried, married or in a civil partnership	No impacts identified.

People in different socio-economic groups (includes those living in poverty/people of low income)	This could impact on people from poorer areas where life expectancy is lower and the burden of disease higher. The policy could thus impact disproportionately in deprived areas in terms of the costs associated with the cared for. Ageing might be different across the population i.e. people in lower socio-economic groups being older in health but younger in age than higher socioeconomic groups. This may have an impact on the age group classification.

People in different social classes	It was noted that there would be no change: that health care would continue to be free at the point of need, however, social care could be means tested.

Homeless People	It was advised that there was a developed social model for homelessness, particularly in urban areas. The question was raised over where this model would sit in an integrated system.
People involved in the criminal justice system	There were questions raised over where criminal justice health and social care will fit into an integrated system and whether any links already established would be weakened or strengthened. It was asked whether there is also a benefit from health care for prisoners, which is now delivered by NHS and therefore already in the fold in an integrated system. A question about how the policy would affect victims of crime was raised, with particular reference to the voluntary sector, given their role in this area and whether there would be an impact on any future funding.
People who have low literacy	No impacts identified.
People in remote, rural and/or island locations	The age profile of populations in remote and rural areas are increasing faster because people tend to retire to these areas and is, in some part, due to the

	migration of young people to urban areas for employment and educational opportunities. Therefore, there may be issues relating to delivery and accessibility of services for both staff and service users in these areas.

Carers – **Sally no mention of young carers**	If there is a single point of access to services it will be easier and simpler for carers as they will not have to contact multiple service delivery organisations.

Staff (includes people with different work patterns, e.g. part-/fulltime, short-term, job share, seasonal)	Issues relating to differing terms and conditions in Health Boards and Local Authorities were noted, with potential for consequential impact on staff and their respective representative bodies.

Others that may be relevant to the area of work (please add):	

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