



## **Integration of Adult Health and Social Care VHS response to the Scottish Government consultation**

**11<sup>th</sup> September 2012**

Voluntary Health Scotland (VHS) is the national intermediary body for voluntary health organisations. VHS supports the work of 150 members and 162 associates to maximise the impact of the third sector on health improvement and health care in Scotland.

Our vision for a healthy Scotland encompasses increasing opportunities for a healthy life; fairness in access to resources and services; the widening of channels for participation in service planning and delivery and commitment to partnership working in the pursuit of health for all.

VHS welcome the opportunity to respond to the Scottish Government's proposals for the integration of health and social care. This response is based on two consultation events with VHS members. We have sought to provide answers to the majority of questions set out in the consultation document.

### **General Comments**

VHS are generally supportive of the intentions behind the Scottish Government's proposals for the integration of adult health and social care. In particular we welcome the fact that the overarching aim is to improve outcomes. It is also encouraging that the stated overall objective is that health and social care services are firmly integrated around the needs of individuals, their carers and other family members. We also very much agree with the statement in the document that says "integration should mean services that are planned and delivered seamlessly from the perspective of the patient, service user or carer, and systems for managing those services that actively support such seamlessness."

There are however some general and specific concerns which are set out below.

In consultation with a number of VHS members there was concern that the proposals required more thought. The lack of a clear set of guiding principles and values and a lack of clarity on the involvement of users, carers and the third sector in decision making processes were primary concerns. There are

also concerns that there is a lack of a clear fit with the proposals contained in the Self Directed Support Bill currently being considered by the Scottish Parliament.

As well as these specific concerns there was a general concern about the impact of the proposals on services and particularly social care services. Voluntary health providers are operating in a difficult environment. Cuts in public spending will have an effect on the sectors ability to provide services. This is occurring at the same time it is likely there will be a greater need for such services as individuals, families and carers face the impact of the UK Government's welfare reforms. The concerns of VHS members about the proposals reflect this uncertain funding environment with the potential for an increasing demand for services.

VHS believe that it is important to approach these proposals positively. There is potential to ensure that services are delivered more effectively and in a way which benefits service users and leads to improved health for all. The voluntary health sector has a crucial role to play and as such needs to be at the centre of the process.

### **Relevant Consultation Questions**

- ***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?***

VHS members appreciate the importance of services for older people. The lessons from the Reshaping Care for Older People have not yet been disseminated and members involved in the VHS consultation felt that this was a missed opportunity to apply the learning from RCOP to the integration of process.

Beyond this VHS members are concerned that by focussing integration on older people in the first instance there is a danger that existing services could be skewed as resources and effort go into the development of integrated services. There is a lack of clarity about whether the resources for integrated older people's services will be 'locked in' and the implications of this for services for other groups.

A common concern is that if the aspiration for change is limited to older people's services many of the opportunities that arise from the fact that Community Health Partnerships' work on the ground in local communities will be lost.

Given that a key objective of an integrated approach is that health and social care services are firmly integrated around the needs of individuals, their carers and other family members it is essential that the potential benefits of this extend to other groups who could benefit from services being delivered in

this way. As such, whilst the focus on older people's services is important it should also be a goal for all adult health and social care services.

- ***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?***

VHS are generally supportive of the intentions behind the Scottish Government's framework for integration. In particular we welcome the fact that the overarching aim is to improve outcomes. In addition we welcome the fact that large scale structural change is not the stated intention of the proposals.

Nevertheless VHS members expressed concern that there appear to be no clear guiding principles or values attached to the proposals. Whilst structural change may not be the main focus it is inevitable that the integration of budgets, the replacement of Community Health Partnerships (CHPs) by Health and Social Care Partnerships (HSCPs) and a strengthened role for the third sector will require a degree of cultural change. **As such a clear set of principles are essential.**

The 'principles' set out in the consultation document give a good indication of what the Scottish Government want to see happen as a result of integration. However to achieve these aims value based principles need to be included in the legislation that guide the process and those involved in it.

A good example are the principles developed on workforce issues as part of Getting it Right for Every Child<sup>1</sup>. Value based principles such as 'Promoting the same values across all working relationships', and 'Making the most of bringing together each workers' expertise' can contribute to ensuring positive cultural change and ensure that the role of the voluntary health sector is respected and valued.

As it currently stands the framework for integration lacks any specific mention of involving users and carers in the process. We welcome the commitment to strengthen the role of the third sector in the commissioning process but also believe that there is an important role for users and carers in commissioning. Services will be more likely to meet need if the recipients of those services are involved in their commissioning. There is a need to ensure that users and carers are active and equal partners and the framework is delivered with a strong element of user and carer involvement.

- ***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. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?***

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<sup>1</sup> <http://www.scotland.gov.uk/Publications/2010/07/19145422/4>

Creating a mechanism for the joint delivery of nationally agreed outcomes is welcome. At the same time joint accountability for delivery of these outcomes is important. **Nevertheless, there is a real need to ensure that involving users, carers and the third sector in the planning and commissioning of services is in itself a national outcome**

The proposals as they stand lack clarity on how statutory partners will be held to account. There is a strong case for national outcomes being prescriptive in nature and there is merit in allowing a degree of local flexibility in how these outcomes are delivered. Nevertheless, achieving a balance between prescription and local flexibility will be important and there is a clear role for scrutiny bodies such as the Care Inspectorate and Audit Scotland.

Proper scrutiny and clear lines of accountability are particularly important in terms of the third sector role in delivering services. There is a danger that third sector organisations providing health and social care services are 'squeezed' in the drive to integration and delivery of outcomes. This is a particular concern given the recent National Overview Report from the Ministerial Group on Health and Community Care on the Change Fund in March 2012 which found that:

*“The view of the third and independent sector is that the balance of the Change Fund would seem to be still very much invested in-house, and this is not going to grow the necessary capacity in the Third and Independent sectors to meet future needs. This will need to be considered in context of the developing work on joint commissioning strategies”*

In order to avoid this in the context of integrating adult health and social care, there is a need for a national outcome based on the involvement of the third sector, clear lines of accountability and proper scrutiny of the outcomes. This would be in line with what the third sector have been pressing for through the Ministerial Group:

*“The third and independent sector partners emphasised the importance of reinforcing the requirement for robust Partnership Governance arrangements and transparent decision making with Third and Independent Sectors and other stakeholders.”<sup>2</sup>*

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

It would seem sensible that nationally agreed outcomes for health and social care should be included within all local Single Outcome Agreements (SOAs). Some VHS members have expressed concern that if the National Outcomes

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<sup>2</sup> Ministerial Strategic Group Health and Community Care (2012) National Overview Report of Change Fund Plans, Reshaping Care for Older People

are based on the Single Outcome Agreement model they will contain the weakness of SOAs.

In general SOAs are not always sufficiently clear or measurable and there is insufficient independent scrutiny on progress towards them, a general overall lack of accountability with a subsequent lack of sanction for failing to meet them. There does seem to be a need to give more thought to how National Outcomes are reflected locally. The aim is to ensure that all council services are engaged in meeting the outcomes. It is not clear if SOAs are the best way to achieve this.

- ***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?***

VHS believe that joint accountability to Ministers and Local Authority Leaders has the potential to achieve a balance between local and central accountability.

It is particularly welcome that the role of the NHS Chair and Local Authority Leader will be to ensure that the Health and Social Care Partnership (HSCP) delivers services that support wider community planning processes, particularly in relation to early intervention and prevention and that appropriate stakeholders have been engaged by the HSCP in the planning and delivery of services. The success of this will very much depend on how the third sector voice is included in the planning and commissioning of services.

- ***Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnerships?***

The proposals are an improvement upon some of the arrangements in current integrated Community Health Partnerships. There are, however, concerns on the non-voting member status of third sector representatives on the HSCP. Many third sector organisations strongly believe that the third sector should be full voting members of the HSCP. There is a danger that without full voting rights the third sector input will be tokenistic.

In consultation with VHS members there was recognition that this was a difficult issue with a lack of clarity on issues of accountability and the ability of the sector to act as an independent advocate. These are details that need to be part of a wider discussion on how the third sector role in HSCPs is meaningful and can have an influence over the totality of spending. **VHS, however, believe that the best way to achieve this will be to ensure that the third sector has full voting rights on the HSCP.**

Regardless of how the third sector is involved in HSCPs, consideration needs to be given to the sector's limited capacity to engage. As such, support needs to be available if engagement is to be meaningful.

It is essential that all stakeholders in all sectors are fully involved in the planning and decision making within the new partnership arrangements. If the overall objective is that health and social care services are firmly integrated around the needs of individuals, their carers and other family members then **meaningful** involvement in the partnership to deliver these services is essential.

It was pointed out above in relation to the Change Fund that decisions on resources still sit largely with the statutory partners. Lessons need to be learned from this process to avoid a similar situation occurring around integration.

- ***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?***

Performance management needs to be a priority. Where local services are failing to deliver appropriately this needs to be highlighted and action taken. It is not clear from the proposals what the 'performance support' to be put in place when a problem is identified actually is. In addition there is no clarity on what performance management arrangements will be in place before it gets to the stage where such an action is taken. There also needs to be consideration of how the views of service users are incorporated into this process. This underlines the importance of a strategic role for third sector and user and carer organisations in the planning and delivery of services and equally in the monitoring of performance.

- ***Do you think the models described above can successfully deliver our objective to use the money to best effect for the patient or service user whether they need "health" or "social care" support?***

Concern has been expressed by some VHS members that the health agenda could dominate in any partnership. Ensuring there is the correct balance of representation on HSCPs will be crucial in avoiding this. Other proposals on nationally agreed outcomes and joint accountability should also be helpful.

This is of particular importance in relation to the third sector. Although some are involved in the provision of acute or intensive services the vast majority are placed further 'upstream', contributing directly to the prevention of escalation of need and consequently to a reduction in demand for more costly acute services later on.

VHS agree with the shared third sector statement<sup>3</sup> that thought needs to be given to how the conflict between universal health services and some social care services that are chargeable is resolved. Local authority charging policies vary across the country. Will integration with its aims of greater

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<sup>3</sup> <http://www.ltcas.org.uk/news-and-events/news/2012/07/lcas-and-partners-publish-shared-statement-on-the-integration-of-adult-health-and-social-care/>

consistency and nationally agreed outcomes have any impact on this? Whilst this may seem like a detail that can be considered at a later stage it is important that it is an issue that is considered early in the process. There is also a pressing need to consider the implications of the UK Government's welfare reforms and, in particular, the introduction of Universal Credit in 2013.

There was concern expressed by VHS members that the proposals make no mention of how integration will fit with the proposals on Self Directed Support. We would seek assurances from the Scottish Government that this is being given due consideration and that any plans are shared with stakeholders as soon as possible.

VHS members were also in favour of the introduction of a named worker system to ensure that the integration works in favour of the service user. This person would be in a position to make connections and ensure that the user experience was one which was continuous, consistent and seamless. The named worker would be the first point of contact for raising concerns and be responsible for co-ordinating help across services.

- ***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 consultation document states that it will be important to ensure the direct involvement of representatives of the third and independent sectors, and carers' and patients' representatives.

However, it does not seem that there will be a duty to ensure that this happens. "Commissioning" is defined in the consultation document as meaning the activities involved in assessing and forecasting needs, agreeing outcomes, considering options, planning future services and working in partnership to put these in place. The third sector has a great deal to contribute in relation to all these activities, but is too often excluded from discussions about service planning and delivery. The proposals as they currently stand do not go far enough to rectify this imbalance: a duty to consult with the third sector and community and service user forums should also be placed upon the Health and Social Care Partnerships.

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

It is difficult to answer this question as there is a lack of detail on who will be involved in locality planning group or how they will operate.

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

It is important to learn lessons from models of integration that already exist. In Northern Ireland health and social care have been integrated. There is an opportunity to draw lessons from this and VHS would be happy to be involved in this in relation to the third sector experience.

For clarification or discussion of any of the points in this response, please contact Claire Stevens, VHS Chief Officer: [claire.stevens@vhscotland.org.uk](mailto:claire.stevens@vhscotland.org.uk)