

SCVO Spotlight Column - Can good quality services emerge from a jargon-filled Bill?



The integration of health and social care is not a new concept, having been a policy goal for UK governments over the last few decades, with Northern Ireland having a structurally integrated system of health and social care since 1972¹. In Scotland, a large number of initiatives have looked at integration, with a focus on achieving better outcomes through partnership working, service redesign and integrated pathways. These include the Christie commission²; an independent review to develop recommendations for the future delivery of public services, and the Quality Strategy³ and 'Route Map' to the 2020 Vision for Health and Social Care in Scotland⁴. The Christie Commission called for reform of how public services are delivered to make them outcome-focussed, integrated and collaborative with organisations working together to achieve outcomes. The Quality Strategy centres around 3 main ambitions; that care should be safe, effective and person-centred, to deliver the highest quality health care services to people in Scotland.

On 28 May 2013, Scottish Government introduced the Public Bodies (Joint Working) (Scotland) Bill⁵ as a framework to integrate the planning and delivery of adult health and social care. Now the question facing us is if this framework is enough to deliver on these ambitions and objectives? Will it improve care for the people of Scotland?

The principles behind the Bill aim to improve the quality and consistency of services, provide services based on the needs of individuals, carers and their families, and effectively and efficiently deliver services through joined up services.

However, while some of these principles are enshrined in the documentation accompanying the Bill, the Bill itself concentrates on structural reorganisation and the focus on quality and people's needs seems to have been lost. Even the name of the Bill has shifted the emphasis more towards technical considerations than the person-centred approach sitting at the heart of the Christie Commission recommendations. While it is evident that integration of health boards and local authorities is a means towards providing seamless care and support, rather than an end in itself, surely when designing frameworks and services to meet the needs of people, you first have to understand what those needs are?

The Christie Commission demonstrated that effective collaboration and partnerships with people and communities makes a real difference. And yet, there is very little scope for public or third sector involvement in the development of integration authorities and plans detailed in the Bill. The Bill sets out principles for integration and delivery, but these don't reflect the

¹ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/integrated-care-in-northern-ireland-scotland-and-wales-kingsfund-jul13.pdf

² <http://www.scotland.gov.uk/Publications/2011/06/27154527/18>

³ <http://www.scotland.gov.uk/Resource/0039/00398674.pdf>

⁴ <http://www.scotland.gov.uk/Resource/0042/00423188.pdf>

⁵ [http://www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20\(Joint%20Working\)%20\(Scotland\)%20Bill/b32s4-introd.pdf](http://www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20(Joint%20Working)%20(Scotland)%20Bill/b32s4-introd.pdf)

importance of this involvement. The JIT's recent survey⁶ of progress on integration and formation of joint shadow boards has indicated variable third sector and public involvement, with almost a third of these not working in partnership with the people they are designing integration for. The Bill should strengthen its public engagement and include a more robust role for the people that know communities best; the third sector.

Another significant omission in the Bill is that of quality; a key strand of the Quality Strategy. Ensuring the effectiveness, quality and safety of services is mentioned in the accompanying documentation, but again not included within the Bill itself. One of the main concerns of the third sector is that of accountability, assurance and ensuring that vital services continue to be provided, and to a high standard. National standards should be referenced in the Bill, along with clear guidelines for independent scrutiny of integration authorities in terms of quality, performance and the achievement of national outcomes. This also raises concerns about transitions between services and atypical scenarios that can 'fall through the gaps'.

So what does this mean for the future of integrated health and social care in Scotland? Lessons have to be drawn from the example set in Northern Ireland; 41 years on there are still difficulties with the system and the opportunities provided by structural organisation have not been fully realised. The Bill has the potential to improve the quality and consistency of health and social care services, but only if it takes lessons from other areas, enshrines recommendations from independent enquiries into legislation, and effectively consults and engages with the third sector and the public. It's worth getting it right from the beginning; If we can manage that, there's a fantastic opportunity to make a real difference in improving outcomes for the people of Scotland.

⁶ <http://www.jitscotland.org.uk/downloads/1369326538-Health%20and%20Social%20Care%20Integration%20Enquiry%20-%20JIT%20Conversation%20with%20Partnerships.docx>