

Integration of Adult Health and Social Care in Scotland

To: All Chief Executives, Main Contacts and APSE Contacts in Scotland

For information only to England, Northern Ireland and Wales

Key Issues

- The Scottish Government have issued a consultation concerning proposals to integrate adult health and social care services which are currently managed and delivered by the health and local government sectors
- The consultation paper proposes setting up a statutory Health and Social Care Partnership in each local authority area to manage and deliver services in the future.
- A jointly accountable officer will run each Health and Social Care Partnership with a joint budget to achieve nationally and locally agreed outcomes and priorities.
- The new organisations will have integrated budgets for community health, social care and acute hospitals.

1. Introduction

- 1.1 The Scottish Government has published a consultation on its proposals to integrate Adult Health and Social Care. This consultation represents a further initiative to bring together the NHS in Scotland through the respective health boards with aspects of social care which are currently provided by local government. Proposals include changes into how adult health and social care services are delivered, moving towards a seamless experience from the perspective of the patient, service user or carer. Previous initiatives have focused on care for the elderly.

- 1.2 Since 1999 various initiatives have been introduced, including the “Joint Futures” agenda to alleviate in the main delayed discharges of elderly people from acute hospitals and reduce the cost of unplanned admissions to hospitals. The consultation has been prepared against a background of a growing elderly population which is likely to increase significantly the demand and pressures on health and social care services at a time of deep expenditure reductions within the Scottish public sector.
- 1.3 In addition, the consultation recognises that many of the improvements made since joint working was initiated in 2002 (or before) have started to decline. For example the number of delayed discharges had declined from 3116 in 2002 to 434 in 2008, however it has risen to 760 by 2011. In addition, emergency hospital admissions for older people had increased over the same period as has the number of older people admitted to hospital on more than one occasion.
- 1.4 The consultation reflects the Scottish Governments intention to break down the barriers perceived in terms of structures, professional territories, governance arrangements and financial management which are considered to be hindering genuine service integration.

2.0 Main Proposals in the Consultation

- 2.1 The main proposal within the consultation is to create statutory Health and Social Care Partnerships in each local authority area within Scotland. The current Community Health Partnership will be abolished. Other services than those relating to Adult Care which were previously in the province of the CHPS will continue to be organised by local health boards, however at a later date they could further merge into the Health and Social Care Partnerships.
- 2.2 Each Health and Social Care Partnership will be managed by a Jointly Accountable Officer at a senior level who will report directly to the Chief Executives of the local authority and Health Board respectively and will be accountable to ministers, Council and Health Board leaders. S/he will have delegated authority to enable them to make decisions about resource deployment without recourse to partner organisations.
- 2.3 The Jointly Accountable Officer will be responsible for commissioning and managing services which are required in relation to both national and locally planned outcomes. The budget for delivery will consist of the current expenditure from community health and adult social care services (from the local government sector) as well as expenditure from some acute hospital services. These funds will become an integrated resource; they will no longer belong to either health or social care services.
- 2.4 Nationally agreed outcomes will be determined by the Scottish Parliament, implementation will be agreed locally through clinical, G.P.s nurses and other professional interest groups.

3.0 APSE Comment and Conclusion

- 3.1 APSE has a concern about the consultation which centres around the lack of democratic oversight with regard to creating new Health and Social Care partnerships. The proposal in effect removes a significant element of social care and transfers it to a new organisation (from the local government sector) which may have a health care bias.

- 3.2 In addition, the proposal will see the transfer of approximately 15% of a Councils overall revenue budget to a new organisation. This will have significant implications for the local government sector, with regard to workforce and financial planning.
- 3.3 There is currently no reliable and robust evidence to suggest that organisational structural change of this nature and type, which is in effect centrally directed, delivers improvement in health/social care outcomes for patients and service users. One of the objectives of the consultation is to reduce unplanned admissions to acute services despite the structural mechanisms to achieving this looking a tad unplanned. In addition, service reconfigurations and redesigns which could include closures will be in the hands of an organisation with limited democratic accountability.
- 3.4 In addition, the proposals do not fit well with the recently produced Christie Commission report which was accepted by the Scottish Government. The Christie Commission was of the view that top down reorganisations often fail to deliver genuine integrated models of service delivery. APSE is of the view that a more constructive approach would be to focus on joint outcomes, with local partners agreeing operational arrangements which reflect local circumstances.

The consultation does not recognise that health and social care does not stop at the door of the NHS or Social Work, there is a range of other services which contribute to a service users well being including housing. There remains a number of outstanding strategic challenges with regard to the consultation:

- A need to improve the overall care experience of sharing information and working across boundaries.
- The need for effective leadership to change behaviour and to foster closer working between agencies and professionals.
- Genuine integration of services must be planned and delivered involving other partners in order to secure genuine "service gain" for patients and users.

Such challenges will clearly remain despite the organisational structural changes being proposed in the consultation.

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