

Integration of Adult Health and Social Care

Introduction

The Scottish Government has published a consultation document on its proposals to integrate Adult Health & Social Care. This follows years of attempts to bring closer working between the NHS and Local authorities, mainly on care of the elderly.

Since 1999 various initiatives have been introduced, to alleviate in the main, delayed discharges of elderly people from acute hospitals and reduce the cost of unplanned admissions to hospitals. A growing elderly population is likely to increase the pressure on services at a time of public expenditure cuts.

Improvements made since the start of joint working in 2002 have now started to decline. Statistics for delayed discharges had declined from 3,116 in 2002 to 434 in 2008, but had risen to 760 by 2011. In addition, emergency hospital admissions for older people had increased over the same period as had the number of older people admitted to hospital on more than one occasion.

The consultation acknowledges the improvements that have been made during this time, but states that greater endeavours must be made to ensure that services are “planned and delivered seamlessly from the perspective of the patient, service user or carer”.

The Scottish Government is determined to break down the barriers perceived “in terms of structures, professional territories, governance arrangements and financial management” which they see as hindering the provision of joined up services

Main Proposals in the Consultation

The main proposal is to create statutory Health & Social Care Partnerships (HSCPs) in each local authority area in cooperation with the health board(s), and abolish Community Health Partnerships (CHPs). Other services than those relating to Adult care which were previously in the province of the CHPs will continue to be organised by the local health board, although at a later date the HCSP can include them in their sphere of influence if required.

Each Partnership will be managed by a Jointly Accountable Officer at a senior level who will report directly to the Chief Executives of the Health Board and the Local Authority and will be accountable to Ministers, council and health board leaders. She/he will have delegated authority to enable them to make decisions about spending the budget without recourse to either partner organisation.

The Jointly Accountable Officer will be responsible for commissioning and managing services needed to deliver the Nationally Agreed

KEY POINTS:

- **The Scottish Government has published a consultation on its proposals to integrate Adult Health & Social Care**
- **It proposes to set up statutory Health & Social Care Partnerships in each Local Authority Area.**
- **A Jointly Accountable Officer will run each HSCP with a joint budget to achieve nationally agreed outcomes.**
- **UNISON has a range of concerns to be resolved.**
- **Workforce issues are given limited consideration.**
- **Branches should be engaging with employers and other UNISON branches now.**



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Outcomes and manage an integrated budget consisting of current expenditure from community health and adult social care services as well as expenditure from some acute hospital services. These funds will then become integrated money; they will no longer belong to either health or social care.

Nationally Agreed Outcomes will be set by Scottish Parliament Ministers, but implementation will be agreed locally through clinical and professional leadership by professionals, including GPs, acute clinicians, social workers, nurses, AHPs, pharmacists, etc. HSCPs must put in place arrangements for this. It is expected that different local solutions will work in different localities.

There will be a duty on Health Boards and Local Authorities to consult local professionals across all health and social care teams on how best to plan services and partnerships will be required to put agreed arrangements into practice.

A Governance or Partnership Committee will be set up to oversee the running of the HSCP. Voting members will consist of an equal number of NHS Non-Executive Directors and local elected members (minimum of 3 from each side). They will be supported by a number of non-voting members, including professional advisers, patient/service user representatives and third sector representatives.

There are two models of integrating budgets: the model described above where agreed functions and finance is delegated to the HSCP which becomes a body corporate of the Health Board and Local Authority and a model of delegation between partners, such as that currently being implemented in Highland.

Ministers will direct categories of spend to be transferred as a minimum e.g. home care, appropriate acute medical specialities, primary care and prescribing.

UNISON Issues

The consultation paper leaves a number of issues to be resolved. UNISON Scotland has identified many of these in other submissions and they include:

- How prescriptive will central direction (National Outcomes) on issues like avoiding health problems that lead to hospital admission, spending on preventative services, models of care etc?
- Are the local governance arrangements strong enough to maintain democratic accountability, or is this another centralising measure?
- How will different professional approaches be reconciled? Particularly when managers come from one discipline.
- Who will be delivering services when commercial interests are to be represented on HSCPs. What procurement policy and guidance is to be followed?
- How does the new organisation relate to other services in councils and health boards that are essential support to care services?
- What will be the impact on the long term role of councils when another significant service is removed?

Further info

Consultation

<http://www.scotland.gov.uk/Publications/2012/05/6469>

Scottish Government. (2011)
Integration of health and social care. News release 12 December 2011.

<http://www.scotland.gov.uk/News/Releases/2011/12/12111418>

UNISON comments to Health & Sport Committee

<http://www.unison-scotland.org.uk/response/Health+SocialCareIntegration+CommentstoSPHealth+SportCommittee+Feb2012.pdf>

Change Fund Briefing

<http://www.unison-scotland.org.uk/briefings/BargainingBriefing22BChangeFund.pdf>

Parliament Health Committee report on care integration

<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/50270.aspx>

Workforce Issues

Workforce issues are covered in a very limited annex to the consultation paper. Experience in Highland and elsewhere indicates that there are a range of issues that should be addressed in a common national framework including:

- **Staff transfer:** There is an urgent need for a legislative framework for staff transfer that reflects current best practice and ensures a degree of consistency.
- **Pensions:** The NHS and LGPS pension schemes in Scotland have many different elements and while service is protected on a year for year basis other elements need to be addressed consistently.
- **Secondment:** This may be a more flexible option in some circumstances. There are some complex legal issues and a secondment framework would again ensure some consistency and guidance.
- **Staff employed by different employers:** Joint Future introduced working arrangements where staff from different employers work together. There have been problems with different procedures such as discipline, grievance and development review. Professional boundaries, ethics and codes of conduct can also be an issue.
- **Procurement:** There is little consistency in approaches to public service reform that involve procurement. The Two-Tier workforce provisions including the PPP Protocol and s52 have been under review for years with no real progress. Existing provisions are not well understood and certainly not consistently applied.
- **Equality duties:** Organisational change almost always requires an equality impact assessment. Our experience is that this process is often not understood and inadequately implemented.
- **Governance:** Different governance arrangements can be complex and confusing. This also applies to the governance of workforce issues and related industrial relations approaches.

Conclusion

Care integration will have a major impact on a large number of UNISON members working in health, local government and community sectors. It also raises wider issues of public service reform including workforce issues and structural change.

Action for Branches

1. Discuss the consultation paper and feed back comments to the Bargaining & Campaigns Team.
2. Health boards and local authorities are already giving consideration to their approach to the changes set out in this consultation. While the legislation is not likely until early next year, branches should be engaging with employers on this issue now. The issues above will be a good starting point for branches.
3. Branches in each area should also be discussing this issue and service groups will be encouraging the development of local co-ordination and dialogue. Regional Organisers will be available to help facilitate such meetings.
4. Attend the UNISON Scotland care integration conference on 26 June in Glasgow (separate circular to branches).



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