

Health and Social Care Integration

a position paper by the
Association of Directors of Social Work

ADSW
ASSOCIATION OF DIRECTORS OF SOCIAL WORK



Introduction

This report summarises the work undertaken by ADSW in recent months to inform and influence thinking regarding the desire by government to pursue further integration of social work and health services. This work includes the commissioning of research by Professor Alison Petch from the Institute of Research and Innovation in Social Services (IRISS) on approaches to integration and on the international evidence on the impact of integration. Our work has also involved engaging with government ministers, senior civil servants, ADSW members, COSLA, SOLACE and NHS colleagues. These discussions have assisted in shaping the proposal from ADSW on social work and health integration, detailed at the end of this report.

The proposal is underpinned by key principles and values identified by the Association as essential elements of good practice, which will lead to improved outcomes for individuals and communities. It also recommends a number of key national outcomes that should be common to all public service bodies.

ADSW's Position

We acknowledge the cross party drive for increased integration of health and social care as a potential solution to the immense challenge that faces the whole public sector from greatly reduced budgets, changing demography and a increased/different type of demand for services. ADSW embraces the opportunity to transform the way that support is delivered and is determined that the social work profession should take a central role in shaping the future.

Ours is a reform agenda. We are acutely aware that developing a culture of collaboration across services and sectors is a central challenge - not just to local organisations but also at central level where for too long, policy and funding arrangements have perpetuated silo activities. The challenge of meeting greater need coincides with that of delivering more personalised services and ADSW has long been a leading force in this agenda, urging our other service colleagues to work alongside us and shape more inclusive environments and communities. Our 2010 manifesto, 'Changing Lives – Challenging Systems', set an agenda for Scotland ahead of the current drive. We applaud measures that will extend this work across the public services so that 'a better outcome for individuals' becomes a common ethos.

However, we do expect change to be based upon best evidence - evidence that clearly indicates that improvement will occur as a result, not just in one location where certain conditions are in place, but right across the regions.

This necessitates a clear definition of the ‘problem’ that is to be resolved; a precise description of what will form the ‘solution’; and how any changes will actually address the challenges to hand. The focus must be on outcomes.

While it is the core of our position that any change should be outcomes driven, we must also give shape and structure to our vision, presenting a real, workable alternative. We will be flexible in the detail of our proposal as the political and policy environment around us develops. Adaptability to circumstance is, after all, a core skill of social work professionals.

The recently published Christie Commission Report, which the Scottish Government commissioned during the previous parliament, supports ADSW’s proposal that public support should be built around people and communities, with a focus on achieving best outcomes for individuals. Whilst the report seriously questions the effectiveness of current organisational arrangements, nowhere in the Christie Commission’s report does it recommend that restructuring services is a route to better outcomes, rather, it states-

“..it remains to be made clear whether any new arrangements can be shown to lead to achievement of better outcomes for the people and communities of Scotland”.

The Christie Commission does point out the need for services to improve commissioning arrangements and that service reform should ‘encourage preventative approaches and tackle inequality’.

ADSW’s Proposal

This proposal is the result of discussions with informed and relevant parties. It aims to support reform that starts from the individual citizen; that improves individual outcomes; that takes a longer term perspective; that will lead to better support across Scotland; but crucially, that will enable local flexibility and democratic accountability, responding sensitively to local needs.

It is based on the following principles:

- Achieving the best outcomes for the people who use our services
- Early intervention
- Personalised care, power, choice and control for individuals
- Supporting and empowering communities and carers
- Seamless pathways of care
- Equitable access

- Local democratic control
- Evidence based decision making
- Cost neutral / cost saving, transparent and multi-sectoral reform
- Promotion of social welfare

The proposal is set out in the 9 points below:

1. **A group of between 7 and 10 outcomes for adult social care** is developed and agreed upon nationally and all partners agree to prioritise improvements in these over a defined period. We believe these should embrace all of adult care (rather than just older people's services) as we require to be cognisant of the differing needs within the population of adults and older people and take a rights based approach to meeting their needs. The high level outcomes should be characterised in personal terms – feeling safe, living more independently as distinct from organisational or process terms.
2. **A nationally agreed dataset** is defined that can measure progress towards improvements in these outcomes. This will also enable benchmarking comparisons within and across areas.
3. **Joint strategic commissioning plans** are agreed in each locality. These are outcomes based and should contain local trends and data analysis, expenditure analysis and clear plans to commission services targeted at priority need. Each partnership should draw up their plans based on a sound assessment of this information (Ref: NHS Confederation Briefing 'The Joint Strategic Needs Assessment: A Vital Tool to Guide Commissioning' July 2011). Targets should be agreed locally to reflect how improved outcomes are to be delivered. This reflects an existing commitment within the Change Fund criteria for each partnership to produce commissioning plans for older people's care.
4. **Joint commissioning plans will be informed and shaped by the totality of expenditure on adult care** across the NHS (including acute sector provision), social care and housing. This will allow partnerships to:
 - a. define the needs of the local population
 - b. understand the totality of resource available
 - c. examine activity, cost and variation and
 - d. consider whether equity of allocation and efficiency of resource have been achieved

5. **A joint financial governance framework should be agreed** between health boards and councils to facilitate joint commissioning plans. Councils and NHS boards should ensure that joint decisions are taken around the management of mutually committed resources such that investment and disinvestment in health and community care services are effectively planned and coordinated. The mechanisms for achieving this joint financial governance frame work should be developed locally and can be based on existing work on the Integrated Resource Framework.
6. **Agreed targets for joint commissioning plans should be built into the Single Outcome Agreement** for each community planning area. This ensures the sign up of all key partners to the delivery of improved services and will therefore form a 'quasi – contractual' arrangement for the delivery of these targets between Scottish Government and each locality.
7. **Accountability meetings arranged 6 monthly or annually to enable local and national partners** to be held accountable to Scottish Ministers and COSLA leadership, ensuring that progress is robustly monitored and mutual commitments are being delivered. Benchmarking data would be used to inform these meetings.
8. **An annual leadership event** – involving ADSW, NHS Chief Executives, SOLACE, COSLA and other key stakeholders including the third sector and independent providers - would be convened to examine progress made and introduce shared best practice and give clarity of purpose to the programme. The programme would relate to the 'Reshaping Older People's Care' agenda.
9. In order to base joint commissioning plans on the best possible arrangements being developed in local areas, a **Public Services Improvement Framework self evaluation (or equivalent process) will be undertaken by partnerships**. This can identify strengths and weaknesses to be addressed by the partnership in tackling the improvements required in adult care services in each local area.

This proposal for health and social care integration is consistent with the 'criteria for the reform of public services' set out within paragraph 8.21 of the report of the 'Commission on the Future Delivery of Public Services' – or 'Christie Commission' report.

The criteria identified within the report includes:

- 'be shown to support the achievement of outcomes' – consistent with the 'outcomes based' joint commissioning element of the proposal.
- 'be affordable and sustainable' – consistent with the 'joint commissioning based on spend data and targeted service development' and 'joint financials' elements of the proposal.
- 'include appropriate arrangements for services to account to the people and communities of Scotland' – this reflects the proposal in terms of the link between the community plan and SOA and the proposed 'accountability' arrangements at points.
- 'ensure that services are built around the needs of people and communities to increase community capacity' – 'outcome based' joint commissioning plans linking into SOAs will reflect the needs of local communities and must reflect the need to build community capacity.
- 'improve transparency over plans, expenditure and performance' – the ADSW proposals fits this criterion directly through the proposed implementation of commissioning plans that are based on spend and trends in needs and demand. These plans and the targets within them should form part of the SOA and the benchmarking data and accountability framework ensures transparency over expenditure and performance.
- 'encourage services to pursue preventative approaches, tackle inequality, promote equality' - preventative approaches are at the centre of the ADSW proposal- i.e. 'shifting the balance of care' through commissioning plans.

Summary

This proposal is offered by the Association of Directors of Social Work as our contribution to the reform agenda. We want to engage with, embrace and positively influence the reform debate for the benefit of those people who use, need and rely on our services. The proposal represents a willingness on the part of the social work profession to change, an acknowledgement that we have to change, but also a clear message that there are very good parts of the current system that we should hold on to.

Scotland is not a homogenous country. ADSW represents all councils' social work services in Scotland. Our proposal celebrates the plurality of joint working models

up and down the country. It does not seek to impose a solution or to celebrate one method above others, but it does put in place a set of common outcomes, direction and principles, which we all agree on and which will focus the reform agenda on getting the best services for people, wherever they are and whatever their needs.

There are health warnings, however. We must be careful not to treat health and social care integration as something that can be fixed in isolation. Undoubtedly there will be impacts on children's services, criminal justice social work as well as the health service. Success in one area cannot be at the expense or to the detriment of other areas. We must also be careful not to lose the unique and real impact that social work makes to the lives of vulnerable people. We have defined in legislation a role for the Chief Social Work Officer and for the social worker. We must not lose their valuable contribution as this will reduce significantly the chances of any improvement we are striving so hard to bring about.

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