

DON'T FRACTURE CARE

Parliamentary briefing by the Association of Directors of Social Work
on social care and health integration

The delivery of health and social care services to adults in Scotland is clearly a priority in this session of Parliament. Ensuring that people across the country receive the services they require to help them lead the lives they want to lead is at the heart of what we, in social work, aspire to. We acknowledge that there are things we could do better and there are issues that politicians are concerned about and we are keen to assist Government in addressing this.

However, we do not believe that fracturing care services by amalgamating, in whatever form, adult care services with health, are likely to address any of these issues. Indeed, we know from the evidence available that it will do the opposite and fracture the unique care system that has emerged and is working in Scotland.

SOCIAL WORK IN SCOTLAND WORKS

Social work services in Scotland are not structured in their current formation by accident. Up until 1968 'social work services' as they are now know were split into children, adult and probation services. The Kilbrandon report in 1967 concluded that the weakness in the system then was that not all elements of 'social work' were joined up. We cannot go backwards. We now have integrated care and this uniqueness in providing care and support, framed by Kilbrandon over 40 years ago, matters more so now than ever before.

We must keep care services integrated. Human problems rarely come singly. Think of the neglected child who is living with an older adult who is a kinship carer, a substance misusing parent and has another parent in prison. Adult social work, children's social work, criminal justice social work, education and housing all have an input into this family's life. At the moment they are all within one agency and mostly within one service. The moment you pull those services apart, problems escalate.

We must keep care within local government where one agency can provide care and support to children and families; adults with mental health issues and learning disabilities; older people; and people in the criminal justice system. Because the local authority provides these services they are integrated with other supporting and protecting services such as housing (including adapted and community housing), carers support, community safety and money advice. This sort of integrated care can only be provided by local authorities.

650 000 people rely on care and protection services provided by social work day and daily. We know we can always improve, but actually, **social work in Scotland does work.** 88% of adult service users told the Social Work Inspection Agency that they were treated with dignity and respect when using social work services; and 77% felt that social work services had made a positive difference to their lives. Almost three-quarters of those surveyed described positive outcomes in terms of feeling safer and being able to lead more independent lives. Two thirds were positive about being helped to feel part of the community¹.

Social work needs to innovate to meet the challenge of the times and the aspirations of the people to lead more independent lives. To do this social work must be local, flexible, imaginative and responsive. It is a big challenge but in the last year alone we have seen tremendous innovation

¹ Social Work Inspection Agency, Overview Report 2010,

http://www.scswis.com/index.php?option=com_docman&task=doc_download&gid=287&Itemid=703

sponsored by the change fund and with the recent commitment shown by John Swinney to further change fund investment the opportunity is very clear and it must be taken.

We must look **to the evidence for solutions**. We cannot afford to get this wrong. Prescribing models of delivery from a national basis will not work, but not only that, it is also against the accepted logic of the Scottish Government. Local solutions and leadership are the key to lasting and effective change. In addition, ADSW would like to remind the Scottish Government of the recent evidence from Audit Scotland on CHPs and CHCPs. The evidence here is against the current CHP as the appropriate vehicle for successful integration.

ADSW would also point to the IRISS report, which states: *“There is a strong body of evidence demonstrating that structural integration between health and social care does not deliver the effective service improvement that had been anticipated”*; and the Government’s own commissioned research which points out that the evidence of enhanced partnership working and structural integration leading to economic effectiveness is thin. Research by Whetherby et al states: *“robust evidence for improved health outcomes or cost savings is lacking”*.

We should not jeopardise Scottish Social Work and its unique contribution to Scottish society by fracturing it. Trying to solve issues in isolation like this, will only lead to further and probably deeper fault lines elsewhere – it is of no surprise to ADSW that a tenth of social services departments in England have 'reintegrated' their adult and children’s services.

WHAT THE EVIDENCE SAYS

The Institute of Research and Innovation in Social Services was commissioned by ADSW to review evidence to inform the current debate on the delivery of adult services. The purpose of this was to attempt to ground the debate in *“a firm understanding of the conclusions that can be drawn from initiatives evaluated both within the UK and elsewhere, ensuring that any future developments can be based on a clear understanding of the likely impact”*.

In essence the IRISS report states that there is no evidence that the structural integration of social care and health services leads to better outcomes for people using services. Success, in terms of improved outcomes is dependent on culture, not structure and focussing on the desired outcomes and working back to a solution.

Excerpts from the report include the following:

1. Consideration of the evidence for partnership working highlights the need to adopt a more nuanced approach, namely ‘what sort of partnerships can produce what kinds of outcomes for which groups of people who use services when and how’.
2. The evidence suggests a number of dimensions that are key to effective service delivery across health and social care: the importance of culture; the role of leadership; the place of local history and context; time; policy coherence; the need to start with a focus on those who access support; a clear vision; and the role of integrated health and social care teams.

PROPOSAL FROM ADSW

We 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.

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 framework 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.

CONCLUSION

We have an historic opportunity to get it right for the care, protection and wellbeing of Scotland's people, now and into the future.

At a time where innovation and change is being progressed and consolidated through the Scottish Government's 'Change Funds', we need to take forward an evidenced based approach to further integration. The research commissioned by ADSW on 'what works' and our associated proposal for change, we believe represents the best way forward.

ADSW would wish recognition to be given to the fact that we can already build on the firm foundations of joint working established with the NHS. It is the norm across Scotland for joint teams to operate in learning disability, mental health and addictions services. The development of joint service approaches in older people's services is now being developed further as the result of the implementation of the Change Fund.

As reform progresses we should build upon existing integrated care arrangements. We need to ensure that the Governments' decisions about reform don't lead to the dismantling of Scotland's unique, integrated social work services. The fracturing of care services in this manner could have disastrous consequences for some of Scotland's most vulnerable people.

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