Integration of Health and Social Care

Scottish Care

1. On behalf of the Independent Sector (Private and Voluntary), Scottish Care welcomes the opportunity to contribute to the parliamentary scrutiny of proposals for greater Health and Social Care Integration. Scottish Care represents providers of both Care Home and Care at Home services. It is clear, too, that on balance, the majority of social care provision and the social care workforce is now in the Independent Sector. Equally, in terms of responding to future demand, it is the independent sector that is central to delivering on key government objectives.

2. Accordingly, the overriding point we would want to make is that, for any level of Health and Social Care Integration to work, this has to be as much about integration between the statutory sector and the Third and Independent Sectors, as about integration within the statutory sector between councils and the NHS. There is serious danger of councils and health boards being so preoccupied with their own integration that they become even less focussed on the Third and Independent Sector partners who are actually delivering the bulk of social care.

3. The development of inclusive Reshaping Care Partnerships in relation to the Change Fund is in this regard the prototype for future Health and Social Care Partnerships involving the statutory agencies and Third and Independent Sector representation. What Year 1 of the Change Fund has highlighted is the variable nature of the partnerships and the need to have clarity around Governance Structures, Decision Making, Resource Allocation, and Accountability. This is not an argument for a uniform one-size fits all approach across the country but rather for Government to be clear about expectations in a way which empowers Third and Independent Sector representation.

4. To avoid structural upheaval, the focus of health and social care integration should be on how to deliver more integrated services, with improved outcomes, joint planning and pooled resources, with the minimum of reorganisation necessary to achieve this. Again, this needs to be determined locally, with Government setting out the what but not the how. Moreover, if service-users, carers and communities are to have a real say, then there needs to be a bottom-up rather top-down approach to co-production and community capacity building. Some of the experience elsewhere suggests that effective Locality Planning, rather than structural integration, is the key to delivering improved outcomes.

5. Building on this, Joint Commissioning will also be a key driver of the whole process and a consistent approach to this across the country will therefore be important. This needs to include Future Capacity Planning (how much care of what sorts is going to be needed); a clear strategic position on which services will remain directly provided by the statutory partners and which will be procured externally; positive procurement practice with
sustainable funding in relation to services being provided by the Third and Independent Sector with a focus on quality and outcomes as well as price; and built in mechanisms for evaluation and review. In previous evidence to the Committee in relation to the regulation of care, we argued that national standards for commissioning might be desirable going forward.

6. In the absence, however, of hard evidence of what has worked elsewhere, we perhaps need to allow our own Scottish initiatives around Reshaping Care, the Change Fund and Self-Directed Support to run and be evaluated before embarking on further major change. In effect, we need to pilot and test out what works in relation to improving outcomes and the efficient use of resource. Otherwise we are taking a huge gamble at a point of severe pressure on public finance. We cannot afford to lose.

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