

PE1628/E

COSLA submission of 5 April 2017

COSLA position

1. COSLA welcomes the opportunity to provide the Committee with a view on the above petition, which calls for assurance regarding consultation by Integration Authorities on service delivery for the elderly or vulnerable and appreciates the accommodation of this submission after the formal deadline for responses.
2. COSLA supports the principles underpinning the Public Bodies Act, and in particular where these aim to devolve decision-making closer to communities. It does this by requiring NHS Boards and local authorities to establish Integration Authorities (IAs) and delegate certain health and social care functions and associated resources to them, with decisions about services then resting at the local level with the IA.
3. The petition raises the question of whether further guidance is required regarding consultation on strategic planning for those services. Local accountability and community engagement requirements and mechanisms are built into integration at every level, and supported by a wide range of advice, guidance, and regulation, and it is COSLA's view that no further guidance should be issued at this time.

Background

4. IAs have been in operation for less than a year and have been created with the explicit purpose of shifting the balance of care from institutions to the community, to ensure people are supported to live independently at home wherever possible. This vision has received the support of the Scottish Government, the Scottish parliament and Scotland's local government, and reflects the critical need for transformational change in the face of increased life expectancy and the associated need for more complex care, which make the status quo unsustainable.
5. The reality of the ambition for health and social care necessarily requires disinvestment in some traditional services such as hospitals and care homes, which are often very visible within the community, to allow for investment in care at home which by its nature is less visible. These are often complex and difficult decisions and councils and Integration Authorities play a pivotal role in engaging Scotland's communities in frank and robust discussions about how services need to change in order to develop a health and social care system which is sustainable within the context of increasing demand and reducing public funds.

Integration Authority engagement requirements

6. The Christie Commission recognised the importance of shifting investment toward prevention and earlier intervention, along with the need to ensure local communities are at the heart of designing services to meet their needs. These twin aims have underpinned integration's development and local accountability and community engagement requirements are built into integration at every level, including:
 - Integration principles - The Act includes integration principles which IAs are required to adhere to, including ensuring that services are provided in a way which is "planned and led locally in a way which is engaged with the community

(including particular service-users, those who look after service-users and those who are involved in the provision of health and social care).”¹

- Governance and accountability – Integration Joint Boards (IJBs) must include equal numbers of NHS Non-Executives and local authority Elected Members.² Elected Members are democratically accountable to their communities, and these arrangements allow local communities to influence NHS services in new ways for the first time.
- IJB membership – regulations require that IJB Boards include representatives of service-users and carers, as well as the third sector. It is widely acknowledged that these single seats must be underpinned and supported by wider engagement work, and so many local authorities provide funding and other support to the groups and organisations which these individuals represent. In addition to this, Integration Authorities, councils and community planning partnerships undertake wider consultation and engagement with these groups which also informs the decision-making of IAs.
- Strategic planning– In addition to IJB Boards, IAs must form a strategic planning group to develop plans for re-designing services – membership must include a range of groups, including service-users, carers and third sector representatives. In addition to this, IAs must consult more widely on their strategic plan and devolve some decision-making even closer to communities through locality planning.
- Locality planning – IAs are required to identify a minimum of two smaller ‘localities’, with the specific aim of carrying out locality planning to ‘support a proactive approach to capacity building in communities, by forging the connections necessary for participation’.³

7. The matters above are covered in a comprehensive set of regulations⁴, supported by no less than 21 sets of guidance⁵.

Implementation

8. A Scottish Government review of IAs’ strategic plans carried out in October 2016, found that the reach and quality of engagement in the development of these plans was comprehensive and generally of good quality. While we recognise that the petitioner is dissatisfied with their experience of these processes in relation to a particular facility in their locality, we do not believe that there are systemic problems across IAs and therefore do not feel that issuing further national guidance (or extending NHS guidance) is the best course of action.
9. Practice and relationships give effect to the intentions of the Act, and these necessarily need time to develop. Rather than adding further consultation requirements to what is already a substantial body of regulation and guidance, we need to focus on supporting those involved with Integration Authorities to bed-in the various groups and arrangements outlined above, and to consolidate the relationships which support them. As highlighted in Audit Scotland’s submission to the Committee, trust and willingness

¹Guidance on the Principles for Planning and Delivering Integrated Health and Social Care, Scottish Government, 2014

² All Integration Authorities, with the exception of Highland, have opted for the ‘body corporate model’. This model includes establishing an Integration Joint Board (IJB). Highland have chosen the ‘lead agency model’ and therefore have an Integration Joint Monitoring Committee (IJMC).

³ Localities Guidance, Scottish Government, 2015. <http://www.gov.scot/Resource/0048/00481100.pdf>

⁴ <http://www.gov.scot/Topics/archive/Adult-Health-SocialCare-Integration/Implementation/Regulations>

⁵ <http://www.gov.scot/Topics/archive/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

to engage can have a significant impact and a range of approaches and supports will be required to help this develop.

10. Integration Authorities are still relatively new bodies and COSLA is working with the Scottish Government and a range of improvement bodies including the Scottish Health Council, iHUB and the Improvement Service, to support implementation. This includes not only focusing on IAs and the responsibilities outlined above, but also how the totality of engagement led by councils and their community planning partners can help support community engagement in the design of local services. This is embedded in councils' approaches to the new Standards for Community Engagement, and so IJB Boards sit within (and benefit from) the wider engagement context surrounding councils' relationships with the communities they are democratically accountable to.
11. Our focus going forwards should be on how we can provide political leadership at both the national and local level to help build engagement capacity within individuals, communities and the third sector. Community development, co-production and assets-based approaches need to be more overtly valued and supported in order for us to move beyond consultation, to a position where participation in local decision-making becomes a meaningful reality and services are genuinely co-designed from the bottom up.

Strengthening local democracy

12. COSLA is aware that CEL 4 sets out consultation requirements for NHS Boards, and that there are associated Ministerial powers to call-in decisions about certain NHS services. COSLA believes that this runs counter to the policy aims of integration, which are about delegating functions and resources to IAs and empowering them to make difficult decisions about shifting the balance of care from unaffordable institutional care to the community; and from acute/crisis care to prevention and early intervention.
13. A full and frank debate about the affordability of current models of service delivery is urgently required if we are to secure a sustainable health and social care system for the future. This will require political leadership at both the national and local level, and a willingness to enter into difficult discussions about care and support can or should look like going forwards.