

HEALTH AND SOCIAL CARE INTEGRATION IN HIGHLAND, JUNE 2011

Overview

Plans for the integration of health and social care in Highland are being progressed jointly by NHS Highland and Highland Council. While RCN Scotland is in favour of better integration of services, we do have a number of serious concerns about the particular approach being taken in Highland. We do not believe a convincing case has been made for the approach to this major redesign of services, above all other options. In addition, the hasty drive towards implementation means there is insufficient time to fully understand the consequences.

The proposed model in Highland

In late 2010, NHS Highland and Highland Council announced plans to merge health and social care across both children's services and adult community care services. They set out a 'lead agency' model to address perceived shortcomings in the way the services are currently provided.

This model proposes that Highland Council and NHS Highland would pool resources to be committed for children's services and adult community care services. A lead agency would then assume responsibility to commission and/or provide the care for these groups of service users – in this case, the health board for adult community care and the Council for children's services. The organisations would jointly determine the desired outcomes to be achieved for each set of services. The lead agency would be responsible for the operational delivery and/or commissioning of services, internal governance and staff management. There is little information available on the detailed operational delivery of this plan, however, a decision on moving forward is to be taken at a joint meeting between the council and health board on 23 June, prior to implementation by April 2012.

RCN Scotland position on Highland plans

RCN Scotland believes that our public sector must always deliver safe, high quality, fair and good value services. There is definitely scope for improvement in reaching these aims, but radical reorganisation for the future can take money and energy away from the services people need today.

The risks involved in changes of the scale and speed proposed in Highland can only be justified when it is clear they will preserve the best of current local health and care services and improve those shown to have fallen short of what patients and the public expect.

Our position is supported by Audit Scotland which has stated "there are significant risks in relation to the scale, complexity and timescale of planned changes" in Highland in its 2011 *Review of Community Health Partnerships*.

Will this approach improve services?

NHS Highland and Highland Council are still to outline what the specific obstacles are to closer working between the organisations and explain why the lead agency model is best suited to overcoming these. Health and social care services can be integrated or can work more collaboratively in a number of ways and this does not have to require structural change. The lead agency model is only one approach to integration and we have not seen any alternatives to this significant proposal for service change appraised in detail.

Pursuing the lead agency model could mean that energies are focused unnecessarily on structural change rather than on improving services. This seems particularly unwise in the current financial climate.

Furthermore, it is a founding principle of the NHS that services are free at the point of need. From the information available, we are not assured that under these proposals NHS services will not be outsourced to the private sector despite the fact that this is against Scottish Government policy.

Community engagement with the proposal

We have, as yet, seen little evidence to suggest that services users, families and carers support the adoption of a lead agency model. The view of service users and their families/carers were sought on the adult community care proposals and are set out in an appendix to a paper agreed at a joint meeting between NHS Highland and Highland Council on 12 May 2011.

The paper claims that 'with very few exceptions, most of the service users and carers who have contributed to date have been in support of the proposal'. However, the feedback in the appendix appears to support greater cooperation between services rather than the lead agency model per se. For example, the Highland Users Group (HUG) – which represents people who use mental health services – said 'we don't know' in response to the question about whether health and social care should be integrated under one organisation.

There is no comprehensive presentation of the views of families and carers about the children's service proposals in the paper. Greater consultation with affected stakeholders about what these proposals will mean on the ground would help persuade RCN Scotland that a leap of faith has not been made between people wanting improvements to local services and the lead agency model being the best way to deliver this.

Staff engagement with the proposal

Healthcare staff are committed to improving practice and must be empowered to contribute their expertise and experience to plans. Therefore NHS Highland and Highland Council must actively listen to and engage with clinicians and other staff – their biggest asset – and act upon their advice.

So far NHS Highland and Highland Council have led a programme of engagement with staff affected by the children's services plan and is only now engaging with those affected by the adult community care plan, even though proposals are well advanced. The paper tabled by Highland Council and NHS Highland at their meeting on 12 May reported that staff working in children's services, following consultation, 'will seek to engage positively in the development of a Lead Agency Model'.

However, our members have reported to us that whilst they are supportive of change to improve integration of services, their concerns about the specific model being proposed have largely been ignored. Indeed, they have only been allowed to contribute to consultation events if they made a positive statement on taking the proposed model forward, and were not encouraged to raise legitimate concerns.

Ensuring professional accountability and public safety

Moving healthcare staff to the local authority, or social care staff to the health board, has the potential to undermine professional support, leadership and accountability for the staff groups affected. For example, if a professionally qualified nurse working in the council needs professional support or clinical guidance, the structures and personnel may no longer be in place to help. A nurse working in the health board is able to draw on the full accountability structure established within the board, with ultimate recourse to the board-level Nurse Director. The lack of such a structure in any new model could result in significant problems in the care provided.

Improving the life chances of children and the value of universal approaches

There is also no reason to believe that the plans would improve Highland's approach to Getting it Right for Every Child (GIRFEC) – the national strategy to providing support for children and families – which already has a good reputation in this area.

Another significant concern about the plan for children's services is that it runs counter to the direction of national and local health policies which emphasise the importance of investment in the pre-conception to 3 years period as this is when a child's life chances are determined. The professionals that work closest together in this area are midwives, health visitors and GPs, and the relationship between all three is critical to the success of early interventions. The model being proposed in Highland would move health visitors to Highland Council, leaving midwives and GPs outside the scope of the plans. This could lead to the fragmentation of the very relationships that the success of early years investment policies rest on.

There is a widely held concern amongst healthcare professionals about gaining access to provide support to families. Universal health visitor services are familiar to the general public and are seen as providing support for infant and mother health and wellbeing. In contrast, most families only expect to have contact with local authority social care services if there are concerns about child welfare. This perception could undermine health visitors' universal access to families.

Summary of concerns

In summary, our concerns about the Highland plans as they currently stand are:

- Staff - who are committed to improving health care services - have not been listened to;
- While patients and service users may want service improvements we have not seen evidence that they support the lead agency model;
- We have not seen other options to improve services fully appraised;
- We are not yet convinced there are clear enough benefits to justify the cost, scale and speed of the plans;
- Moving professional groups to a different employer may undermine professional support, leadership and accountability;
- Moving only health visitors to the local authority risks fragmenting the health visitor, midwife and GP team;
- Health visitors being employed by the local authority may undermine the universality of health interventions in the minds of the public; *and*
- Once universal and free services provided by the NHS could be means-tested and provided by the private sector.

What RCN Scotland wants to happen

We do not think the case has been made that the lead agency model is the right and only answer to ensure the best future in health and social care delivery for the people in Highland. So we want NHS Highland and Highland Council to agree to delay taking their decision to implement the plans at their joint meeting on 23 June. In the meantime, we want evidence that a full option appraisal was carried out before the decision was made to use the lead agency model, and evidence of genuine consultation with staff and the public. This will allow RCN Scotland and others to engage in an informed debate on plans on the major service redesign that is intended in Highland.

For more information, please contact Elinor Jayne, Parliamentary & Media Officer, on elinor.jayne@rcn.org.uk or 0131 662 6172.