

Gillian Morrison (Interim Chief Officer)

Orkney Health and Care

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Agenda Item: 15.

Integration Joint Board

Date of Meeting: 9 December 2020.

Subject: Independent Review of Adult Social Care in Scotland.

1. Summary

1.1. On 1 September 2020, the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government and a report would be concluded by January 2021.

2. Purpose

2.1. To advise Members further on the national Independent Review of Adult Social Care.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Note the response from the Chair and Vice Chair of the Chief Officer Group, Health and Social Care Scotland, to the Independent Review of Adult Social Care, attached as Appendix 1 to this report, which sets out what is working well, what could be improved and identifying barriers to improvement, as well as a short list of more radical changes which could help to improve social care.

4. Background

4.1. On 1 September 2020 the First Minister announced that an Independent Review of Adult Social Care in Scotland would be undertaken and a report on this review was presented to Members of the IJB on 29 October 2020.

5. Health and Social Care Scotland, Chief Officer Group

5.1. Health and Social Care Scotland (HSCScotland) is a national collaboration through which those who lead change within Scotland's 31 health and social care partnerships (HSCPs) can learn from and support each other, and work collectively to deliver better health and wellbeing outcomes for the people of Scotland.

5.1.1. The network represents:

- Chief Officers.
- Integration Joint Board Chairs and Vice Chairs.
- Chief Finance Officers.
- Strategic Commissioning Improvement Managers.

5.2. On 20 November 2020, the Chief Officer Group Network noted the response to the Independent Review of Adult Social Care from the Chair and Vice Chair of the Chief Officer Group. The response sets out what is working well, what could be improved, and the identified barriers to improvement. The response also identifies a short list of more radical changes which could help to improve social care.

6. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	Yes.

7. Resource implications and identified source of funding

7.1. There are no financial implications directly arising from this report.

8. Risk and Equality assessment

8.1. There are no risk or equality implications directly arising from this report.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

11. Author

11.1. Gillian Morrison (Interim Chief Officer), Integration Joint Board.

12. Contact details

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13. Supporting documents

13.1. Appendix 1: Response to the Independent Review of Adult Social Care by the Chair and Vice Chair of the Chief Officer Group, Health and Social Care Scotland.

Response to: Independent Review of Adult Social Care

From: Health and Social Care Scotland, Chair and Vice-Chair of Chief Officer Group

Date: 12.11.2020

Health and Social Care Scotland (HSCScotland) is a national collaboration through which those who lead change within Scotland's 31 health and social care partnerships (HSCPs) can learn from and support each other, and work collectively to deliver better health and wellbeing outcomes for the people of Scotland.

As a network of health and social care leaders, we represent:

- Chief officers
- Integration joint board (IJB) chairs and vice chairs
- Chief finance officers
- Strategic commissioning improvement managers

Health and Social Care Scotland's shared vision is a Scotland where health and social care services are delivered in a sustainable and integrated way and people receive the treatment, care and support they need at the right time and in the right setting, with a focus on community based and preventative approaches.

Health and Social Care Scotland is led by the Chief Officer Executive Group.

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Chief Officers warmly welcomed the Independent Review of Adult Social Care and have engaged with the review team to explore what's currently working well for people and staff, and areas of improvement that would benefit people's experience of health and social care services.

Chief Officers strongly endorse the view that the significant community-based response during COVID-19 pandemic, including partners, staff, volunteers and local people, was possible due to existing local integrated working arrangements, and illustrates the benefits and power of collaborative partnership working in localities.

However, this operational response to an operational emergency and the unique circumstances of COVID-19 pandemic also enabled removal of some of the challenging and cumbersome governance that Chief Officers normally work within, freeing them to mobilise with speed and effectiveness. COVID-19 has impacted

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service provision for our citizens, leading to service model changes, which may never revert back to pre-COVID times.

Integration is making a significant positive difference to local working relationships and improving peer connections across the breadth of health and social care providers. Integration is an enabler for collaborative commissioning and a mixed economy approach that enables better choice for citizens, and promotes holistic and whole life journey thinking. While there is aspiration and intent towards outcome based individual planning, there is a need for aligned whole system thinking, monitoring and reporting to ensure people's rights and needs are fully met.

Along with leaders in partner organisations, Chief Officers have a combined appetite to deepen the commitment to collaboration. Entrusting the reform of the sector to its leaders by harnessing their collective insight and capacity to drive change, the better it will be for the vibrancy of the system and the people we support. We should all work together on that.

Chief Officers are keen to focus on collaboration, building on what's been achieved and partnership, that whole scale structural change is time consuming and detracts from operational focus, which they are keen to avoid.

What is working well?

- Empowered locality decision making, utilising a bottom-up engagement approach, where local service delivery is informed and co-designed with involvement of people who use services and staff who provide those services
- Realising the full potential of Christie Commission principles and community planning, appreciation of uniqueness of areas, from urban to island
- Outcome focused approaches to citizens' care and move away from one size fits all approach
- Collaboration commissioning with provider organisations, which enables mixed economy of care and promotes citizen choice

What could be improved and what are the barriers?

- Extending integrated health and social care working and ensuring full and consistent enactment of the Public Bodies (Joint Working) (Scotland) Act 2014, across all areas in Scotland
- Articulation of our shared whole-system, outcomes-based purpose with citizens' rights, preferences and needs to the fore
- Understanding that social care services provide whole-life journey support, and includes not only older adults, care homes etc
- Wider implementation of SDS and the principles of individual choice
- Significant service model change as a result of COVID-19, may have to consider increased staffing, reduction in building based services, etc
- Removing the 'postcode lottery' of funding, while not suggesting a one size fits all approach, there is currently too much variation in the system

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- Understanding of significance of budget as an enabler to innovation and transformation in planning and ability to make change happen
- Consistency (not uniformity/standardisation) and quality in approach and sharing of best practice and lived experience to inform continuous improvement and service redesign
- Holistic public (and staff) messaging, including, which services when, self-management, conversation person-centred approach to ACP, POA and realistic health and social care

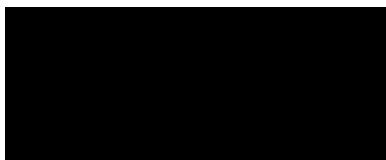
Barriers include:

- Lack of full understanding/recognition of the scope of integration
- Organisational cultures
- Relationships and behaviours
- Current IJB financial arrangements
- Varying local priorities resulting in differing levels of local investment, therefore a level playing field is unachievable
- Public expectation

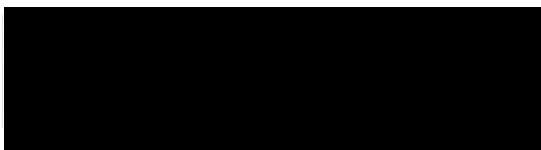
Where is radical change needed?

- IJB funding model
- IJB governance arrangements
- Budget setting process
- Parity of esteem and T&Cs for staff
- National conversation with the public

This submission, in response to the Independent Review of Adult Social Care <https://www.gov.scot/groups/independent-review-of-adult-social-care/>, is issued on behalf of Vicky Irons and Judith Proctor, chair and vice-chair of Health and Social Care Scotland.



Vicky Irons
Chair, Health and Social Care Scotland Chief Officer Group



Judith Proctor
Vice-Chair, Health and Social Care Scotland Chief Officer Group

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